

# Cheney Psychiatric Associates, LLC

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## Consent for Treatment of a Minor Child in The Absence of a Parent or Guardian

I, \_\_\_\_\_ do hereby state that I am the parent or  
(Name of parent/guardian)

legal guardian of \_\_\_\_\_, a minor.  
(Name of Minor)

In my absence, I authorize to receive treatment from his/her provider unaccompanied by  
myself starting on \_\_\_\_\_ and expiring on the nineteenth  
(Today's Date)

birthday of the minor mentioned above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date