



Treatment Plan Signature Waiver

I understand that Kansas Children's Service League, in order to ensure the health and safety of clients and staff, has made the decision to provide all therapy services via electronic means for the time being as a result of the current community health crisis regarding COVID-19. In lieu of providing my signature, I am allowing the clinician to obtain verbal consent from myself and my minor child for treatment plans. This consent will be stated explicitly and will include consent to continue treatment as well as agreement with current treatment goals and progress. I understand I have the right to discontinue treatment for myself or my minor child at any time.

Client's name _____

Parent/Guardian signature _____

Signature date _____