

**TREATMENT AGREEMENT**

We have carefully read and completely understand all provisions of this agreement.

We have had all our questions relating to the treatment program, the participation of our child in the program, our personal participation in the program, and our financial obligations answered to our complete satisfaction.

We understand the various rules and policies which apply to our child and ourselves while our child is under treatment and agree to abide by these rules and policies.

We further understand that failure to comply with these rules and policies may result in termination of our child from the program.

We authorize Kids Helping Kids to treat our child, \_\_\_\_\_ age \_\_\_\_\_ according to the program described in this agreement as modified from time to time by KHK.

\_\_\_\_\_  
Witness                      Date

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Address of Client

\_\_\_\_\_  
Policy & Rules # \_\_\_\_\_

Dated \_\_\_\_\_