Emergency Psychiatric Treatment Consent

I, _____, hereby give my consent to undergo emergency psychiatric treatment as recommended by the attending medical professionals at _____.

I understand that the nature of this treatment may include, but is not limited to, medication administration, counseling, observation, or hospitalization as deemed necessary for my safety and well-being.

I acknowledge that the risks, benefits, and potential alternatives to the proposed treatment have been explained to me. I further understand that I have the right to refuse or withdraw my consent to treatment at any time, unless my condition requires intervention to prevent harm to myself or others.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____