

AUTHORIZATION FOR COUNSELING OF MINORS

I/We \_\_\_\_\_, the parents/legal guardians of \_\_\_\_\_, a minor, give our permission for \_\_\_\_\_ to participate in individual or group treatment.

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

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

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