

CONSENT TO TREAT MINOR CHILD*-PARENT/GUARDIAN AUTHORIZATION

Teen/child contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Cell: _____

Parent/guardian contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H _____ W _____ Cell _____

Email: _____

Person responsible for payment (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Legal Guardian Complete the Following:

I grant Annie Heartfield Hartzog, MS, LPC permission to provide counseling for my child.

Parent/Guardian (Print)	Relationship to Student
_____	_____

Parent/Guardian (Signature)	Date
_____	_____

*A minor is defined as any client who is under the age of 18.