



Permission for Treatment

I hereby give permission to provide treatment to _____

Birthdate: _____ to which I bear paternal or guardianship relation in the Form of:

- _____ Educational Testing
- _____ Educational Consultation/Tutoring
- _____ Intake and Screening
- _____ Individual/Family Counseling
- _____ Social Motivational Groups
- _____ Other _____

Signature of Parent or Legal Guardian

Date

Address: _____

Phone: _____

Date: _____