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CONSENT FOR COUNSELING MINORS

Name of Parent/Guardian: _____

Name of Minor: _____

Name of Counselor: Elena Davis, LCSW _____

This is to certify that I give Elena Davis, LCSW consent for treatment of my child. This counseling may include animal-assisted therapy, family therapy, or referrals for psychological or psychoeducational testing. This counseling may also include referrals to other appropriate state, county or professional agencies for further consultation, if necessary.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone: _____

Name of Parent/Guardian: _____

Name of Minor: _____

Name of Counselor: Elena Davis, LCSW _____

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