



*Hope without Hype, Guidance without Judgment*

# **STRONGHOLD COUNSELING SERVICES, INC.**

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## **NON-CUSTODIAL PARENT CONSENT FOR TREATMENT OF MINOR CLIENT**

I, \_\_\_\_\_, give my authorization to Stronghold Counseling Services, Inc. to provide counseling services for:

\_\_\_\_\_

\_\_\_\_\_  
Minor client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Custodial parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist signature

\_\_\_\_\_  
Date