

Ph: 605 -334-7713; Fax: 605 -334-5348 Email: info@strongholdcounseling.com

MINOR CLIENT CONSENT FOR TREATMENT BY CUSTODIAL PARENT

I,		, g	ive my authoriz	ation to Strongh	old Coun	seling
Services, Inc. to provide counseling services for:						
Minor client signature				Date		
Custodial parent				Date	ari numu v	
Therapist signature	- Andrewski			Date		