



CONSENT FOR COUNSELING OF MINORS (Age 17 and under)

Name of Parent/Guardian _____

Name of Minor _____

Minor's Date of Birth _____ Name of Counselor _____

This is to certify that I give permission for the minor named above to participate in counseling offered by the Center for Hope and Renewal.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work/Cell Ph. _____

Emergency Contact (other than yourself) _____ Ph. _____