

William K McDonald PLC - Counseling & Psychotherapy

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CONSENT OF PARENT OR GUARDIAN FOR THE COUNSELING OF A MINOR

I consent that _____ (A Minor)
(name of client)

Date of Birth: _____

receive counseling services

by William K. McDonald, M.Div., LMSW

By my signature, I attest that I have legal authority to grant this Consent.

Signed _____

Relationship to Minor _____

Signer's Address _____

Date _____

Witness _____