

*Counseling and Behavioral Solutions, Inc.*

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Release for the evaluation and treatment of a minor.

As parent(s) or legal guardian(s) of \_\_\_\_\_, I authorize his/her evaluation and treatment. As parent(s) or legal guardian(s), I have the right to request information concerning the above minor's evaluation and treatment. I also acknowledge that I am the appointed parent/ guardian of this child. If I have shared guardianship of this child I understand that the other person will need to be informed of the therapy and will need to consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_