



# McDaniel's Consulting & Counseling, Inc.

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## MINOR CONSENT AUTHORIZATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, hereby give consent to the therapist at **McDaniel's Consulting & Counseling, Inc.** to provide counseling services to include (Evaluation/Therapy/Group Counseling Sessions) to my minor child,

\_\_\_\_\_  
Child's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_.  
Date of Birth

\_\_\_\_\_  
Consenting Authority Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

Witnessed by me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name & Title

Client's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ File#: \_\_\_\_\_