

Northeastern Professional Counseling

Release for the Evaluation and Treatment of a Minor

As the parent of legal guardian of the minor child:

Name: _____ Date of Birth: _____

File #: _____

I authorize his/her evaluation and/or treatment at *Northeastern Professional Counseling*.

Parent/Legal Guardian: _____ Date: _____

Counselor: _____ Date: _____

Anna L. Coker LPCS, LCAS

Kaylee B. Burns, MA, LPCA, NCC, CCMHC, Certified Traumatologist

