



Counseling Ministry

of Hulen Street Church

COUNSELING FOR MINORS

This is to certify that I give permission to Kayla Hawthorne for the treatment of my child.

This counseling may include individual or group psychotherapy, counseling and testing. This counseling may include consultations with supervisor of counselor and pastoral staff.

This counseling may also include referrals to other appropriate State and County or professional agencies for further counseling.

CLIENT

Client Signature _____

Date _____

Printed Client Name _____

GUARDIAN

Guardian Signature _____

Date _____

Printed Guardian Name _____

WITNESS

Witness Signature _____

Date _____

Printed Witness Name _____