

**AUTHORIZATION FOR TREATMENT**

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Birth Date

I, \_\_\_\_\_,

as parent and/or legal guardian, am aware of and I am consenting to the treatment of

\_\_\_\_\_, at

Community Counseling Services, a program of Catholic Charities.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Signature of Witness