



SHERRY DANIELS, MA, LPC, NCC

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CONSENT OF PARENT OR GUARDIAN FOR THE COUNSELING OF A MINOR

I consent that _____ Date of Birth: _____
(name of client)

receive counseling services by Sherry Daniels, MA, LPC.

By my signature, I attest that I have legal authority to grant this Consent.

Signed _____

Relationship to Minor _____

Signer's Address _____

Date _____

Witness _____