

**Creating Hope Counseling**  
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**PERMISSION TO PROVIDE COUNSELING SERVICES TO A CHILD**

Date: \_\_\_\_\_

I \_\_\_\_\_ give permission for my  
Name of Parent

child \_\_\_\_\_, to be seen for counseling at  
Name of Child

Creating Hope Counseling by \_\_\_\_\_.  
Name of Counselor

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Counselor