

Canaan Christian Counseling Ministry

2840 Hikes Lane
Louisville, KY 40218
Phone (502) 459-5578, ext. 109

CONSENT FOR TREATMENT OF MINORS

Case Name _____

Child's Name _____

Date of Birth _____

Counselor(s) _____

This is to certify that I give permission to Canaan Christian Counseling Ministry and the counselor(s) listed above for treatment of my child.

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

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Street Address

City/State/Zip

Phone

Witness/Title

Date