Permission for Minors

Harold W. Anderson LLC / A Window of Hope Counseling Center

324 E. Railroad Ave., Suite 400 / Fort Morgan, CO 80701
Phone: 970-380-1160 / FAX: 970-867-0524 / E-mail: hwanderson@q.com

I Caregiver's Name give my permission to

Harold W. Anderson, Ph.D., LMFT, CAC III, CPT and/or the clinical staff of A Window of Hope Counseling Center to provide therapy/play therapy/sand play therapy to:

Minor Child Birthday (mm/dd/yyyy)

Minor Child Birthday (mm/dd/yyyy)

Minor Child Birthday (mm/dd/yyyy)

Minor Child Birthday (mm/dd/yyyy)

Minor Child Birthday (mm/dd/yyyy)

This permission is in effect until I or the therapist terminates treatment or for one year, whichever comes first.

Signed (legal guardian)

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