

Transitions Counseling 2304 West Bardin Rd. Ste. 202 Grand Prairie, TX 75052 817-680-9218 Transitions4u@sbcglobal.net

RELEASE FORM FOR CHILDREN AND ADOLESCENTS

_____, give permission for him / her to be

seen in counseling by Transitions Counseling Therapy Professionals either individually or as a

participant in a family therapy approach to treatment.

Signature of Parent / Guardian

Date

Witness / Therapist

Date