

New Day Counseling

2265 Livernois Rd., Ste. 701, MI 48083

(248) 649-8050

Release for the Evaluation and Treatment of a Minor

As parent or legal guardian of _____ I authorize his/her evaluation and treatment. As parent or legal guardian, I have the right to request information concerning the above minor's evaluation and treatment.

Signature _____ Date _____

Witness _____ Date _____