

# New Day Counseling

306 Town Center Drive, Troy MI 48084

(248) 649-8050 \* (586) 201-2029

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## 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 \_\_\_\_\_

Print Parent/Legal Guardian Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_