

Gabrielle Lawrence, Ph.D.

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CONSENT FOR COUNSELING A MINOR

I (We), _____ the undersigned parent(s) or guardian(s) of the herein identified minor _____ age _____, do hereby give my/our written consent for said minor to be entered into counseling with Gabrielle Lawrence, Ph.D. It is understood that this consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken in that consent.

My/Our signature below also verifies that I/we are the legal parent(s) or guardian(s) of the above identified minor and have the legal right to consent for said minor to receive treatment from Gabrielle Lawrence, Ph.D.

_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Witness Name	_____ Witness Signature	_____ Date

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