## CONFIRMATION OF RIGHT TO CONSENT TO SERVICES

I, _____ hereby confirm and verify that I hold and maintain the right to consent to the provision of psychological counseling for the following child:

Child's name: _____ Date of Birth: ___/___/_____

## CONSENT TO SERVICES

This is to certify that I, _____ give permission for the above named child to receive counseling from New Horizon Counseling Center.

_____ _____

Parent / Guardian Signature Date Staff Signature Date