



Susan J. Barnett, LCSW

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Bowling Green KY 42104
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PERMISSION TO TREAT A MINOR

Name of Minor Child

Date of Birth of Minor Child

I give permission for the above named minor child to receive counseling services from Susan J. Barnett, LCSW. I certify that I am the legal custodial parent/guardian of the minor child named above with legal authority to give such permission.

Printed Name of Legal Custodial Parent/Guardian

Signature of Legal Custodial Parent/Guardian

Date

Signature of Witness

Date