



Center For Integrated Well-Being, Inc.

PARENTAL CONSENT FOR THE TREATMENT OF A MINOR

I, _____, mother/father/foster parent/legal guardian of
(print name)

_____ give my consent for him/her to receive assessment,
(print name)

counseling and other services as needed at the Center for Integrated Well-Being, Inc. by

Jeffry Jeanetta-Wark, MA, LICSW.

Signature of Parent/Foster Parent Legal Guardian

Date