Release to Discuss Your Child’s Session

TYPE NAME HERE

I the parent (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my child’s therapist(s) permission to discuss his/her treatment session in any location within our office where there may be other clients and caregivers present.

TYPE NAME HERE

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE DATE HERE

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_