

A Courageous Mind Counseling
Andi Kumer, MA, LPC
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acourageousmind.com

Experience the courage to heal and grow.

MINOR CONSENT FORM

Date _____

This is to certify that I/we, _____, have legal custody or guardianship of the following child or children:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/We give consent for him/her/them to receive individual and/or family therapy from Andi Kumer, MA, LPC.

Legal Custodial Parent/Guardian Signature Date

Legal Custodial Parent/Guardian Signature Date