

**RELEASE FORM FOR CHILDREN AND ADOLESCENTS**

I, \_\_\_\_\_, legal Parent/Guardian

for \_\_\_\_\_, give permission for him/her

to be seen in counseling by Harmony J. Moses, MA LPC either individually or as a participant in  
a family therapy approach to treatment.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness/Therapist*