## Nic Showalter, M.A., LLC Whole Person Counseling Consent Treat A Minor

I,	of
I,Parent or Legal Guardian	Son or Daughter or other Minor
Hereby authorize Nic Showalter, M.A. assessment and treatment services as re	, LLC and its designee, Nic Showalter, M.A., CAC-III to provide ecommended by the designee.
I certify under the laws of the state of C for	Colorado, I have the legal right to authorize treatment
•	ent recommendations made by Nic Showalter, M.A., LLC, or its my expense. I understand that it is up to me to follow through
I further understand that care and treating uaranteed.	ment in the is area is not an exact science and that results are not
Client Signature:	Date:
Client Name:(Printed)	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Name:(Printed)	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Name:(Printed)	Date:
Witness Signature:	Date:
Witness Name:(Printed)	Date: