

Name of Contracted Independent Provider: _____

WETZEL-RASMUSSEN COUNSELING SERVICES

W10610 Clinic Street, PO Box 278

Elcho WI 54428-0278

(715)275-3934

PARENT/GUARDIAN CONSENT FORM GIVING PERMISSION FOR THE
CONSUMER IN HIS/HER CARE TO BE ASSESSED, TESTED, OR RECEIVE
COUNSELING SERVICES FROM THE CONTRACTED INDEPENDENT
PROVIDERS OF WETZEL-RASMUSSEN COUNSELING SERVICES.

Consumer Name: _____ DOB _____
(Print Last, First Name & Middle Initial)

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Facility or School Name: _____

Facility or School Address: _____

Guidance Counselor: _____

And/Or Case Manager: _____

As the parent or legal guardian of the above named person, I hereby grant permission for him/her to be assessed, tested, or counseled by the contracted independent providers of Wetzel-Rasmussen Counseling Services. I understand that this consent is good from one year of its signing and that I may terminate my consent at any time.

Parent/Guardian Signature: _____

Print Name: _____

Address (if different from above): _____

City/Town: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____