

**PATRICIA A. YOUNG
5110 S. Fla. Ave., Suite 114
Lakeland, Fl. 33813
(863) 286-9592**

PARENTAL CONSENT FORM

**I, (we), , give permission for Patricia A. Young, M.A.,
L.M.H.C., B.C.P.C., to render therapeutic services/treatment
to my child(ren) or ward(s).**

NAME

Date of Birth

(Signature)

(Date)