

The Next Step Counseling Services, LLC

1106 Tunnel Hill Road, Suite 100

Elizabethtown, KY 42701

Office (270) 765-2335 Fax (270) 765-2557

Permission for Service

Permission is hereby given to the therapist of The Next Step Counseling Services, LLC, to render school-based mental health counseling services to my child and to bill services accordingly to the insuring agency provided.

Childs Name

Parent Signature

Date

Address _____

Phone