

AUTHORIZATION FOR RELEASE OF INFORMATION FOR CHILDREN

I, _____, parent of _____ with my signature below, give authorization for **Antje Rath, CMHC**, to give out written information and to discuss information relevant to my child's case with the below-named person:

Name: _____

Address: _____

Telephone: _____

This authorization is valid from the date of authorization until termination of treatment with Antje Rath, CMHC, unless otherwise indicated.

Date

Client signature

Date

Witness Signature