

You can print this form, fill it out, and mail the signed hardcopy to the address below, or have your child bring it to his/her first appointment.

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**Melanie Fuscaldo LPC, NCC**  
**1945 Pauline, Suite 10**  
**Ann Arbor, Michigan 48103**  
**(734) 668-2733**

### **Parental Consent Form**

I \_\_\_\_\_ give my consent for my  
child \_\_\_\_\_ to engage in counseling  
with Melanie Fuscaldo LPC, NCC.

I have read and agree to be bound by the **Professional Disclosure Statement** and  
**Agreement for Counseling** forms of Melanie Fuscaldo.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent name printed \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_