

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.

Melanie Fuscaldo LPC, NCC
1935 Pauline, Suite 200
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 _____