

Name of Contracted Independent Provider: \_\_\_\_\_

WETZEL-RASMUSSEN COUNSELING SERVICES  
N11230 Antigo Street PO Box 278  
Elcho WI 54428-0278  
(715)275-3934

PARENT/GUARDIAN CONSENT FORM GIVING PERMISSION FOR THE  
CONSUMER IN HIS/HER CARE TO BE ASSESSED, TESTED, OR RECEIVE  
COUNSELING SERVICES FROM THE CONTRACTED INDEPENDENT  
PROVIDERS OF WETZEL-RASMUSSEN COUNSELING SERVICES.

Consumer Name: \_\_\_\_\_ DOB \_\_\_\_\_  
(Print Last, First Name & Middle Initial)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility or School Name: \_\_\_\_\_

Facility or School Address: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

And/Or Case Manager: \_\_\_\_\_

As the parent or legal guardian of the above named person, I hereby grant permission for him/her to be assessed, tested, or counseled by the contracted independent providers of Wetzel-Rasmussen Counseling Services. I understand that this consent is good from one year of its signing and that I may terminate my consent at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_