



## Guardian Permission

I, \_\_\_\_\_, grant permission for my child(ren):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

to be seen for counseling with Brie Anderson-Feldman, MA, R-DMT, EMDR I & II.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date