

# *Katie Cashin Therapy*

## Guardianship Form

*Please complete if the counseling client is under 16 years of age.*

As parent, guardian, or legal custodian, I  
(we) \_\_\_\_\_ give permission for  
counseling by **Katie Cashin, MS, LCPC** for  
(client) \_\_\_\_\_.

I (we) understand that **Katie Cashin** is providing professional services to and on behalf of the above named client. I (we) agree to assume full responsibility for payment of all reasonable charges by **Katie Cashin**.

**Signature(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Please print name(s):**

\_\_\_\_\_  
\_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

\_\_\_\_\_  
signature of legal guardian(s) (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature of legal guardian(s) (if minor)

\_\_\_\_\_  
Date