

***PATRICK S. BALDWIN, LCSW***

**RELEASE FOR EVALUATION AND TREATMENT OF A MINOR**

As parent or legal guardian of \_\_\_\_\_,  
I authorize his/her evaluation and treatment by Patrick Baldwin, LCSW.  
As parent or legal guardian, I have the right to request information  
concerning the above-named minor's evaluation and treatment.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_