

**THE KIDS' COMMUNICATION CENTER, LLC**

4906 Wisconsin Ave., NW

Washington DC 20016

202-237-7079

dlglaser@msn.com

**CONSENT FOR SERVICES**

I \_\_\_\_\_ (parent/guardian), give my permission to The Kids' Communication Center, LLC to exchange information with the following physicians, programs, or other persons:

_____	_____
_____	_____
_____	_____

about \_\_\_\_\_, whose date of birth is \_\_\_\_\_.  
(name)

I also give permission for The Kids' Communication Center, LLC to provide information, treatment, and consultative services to the above-mentioned client.

I understand that the fees for services provided are due upon receipt of the invoice.

\_\_\_\_\_  
(legal guardian signature) (date)

\_\_\_\_\_  
(witness) (date)