

YOUNIFY Counseling
Sarah Hollar – Splankna Practitioner
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Colorado Springs, CO 80921
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Consent For Treatment of Minors & Custodial Parent Release of Confidential
Information Form

Client Name _____DOB_____

I verify I am the custodial parent/legal guardian of the above named child/children.
I give my permission to Sarah Hollar for treatment of my child/children. I also
affirm that as a custodial parent/legal guardian I do have legal right to consent to
treatment. This treatment may include splankna work. I also give
permission/release for my practitioner to contact anyone she needs to contact to
gather data for assessment purposes and to facilitate the treatment of my
child/children, myself and/or my family.

Signature of Custodial Parent/Legal Guardian Date

Printed Name of Custodial Parent/Legal Guardian Date

Street Address City State Zip