

**Karren J Garrity, MS, LPC, NCC**  
**Therapist**  
**Individual and Family Therapy**  
[info@GarrityLPC.net](mailto:info@GarrityLPC.net)

Tel: 860.927.1464

Fax: 844.889.8688

I hereby give permission to Karren Garrity to involve my son/daughter

\_\_\_\_\_ in counseling services.

**Signed:**

\_\_\_\_\_

**Parent/Guardian (print)**

Date

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_