

Shantele H. LeDoux, M.Ed., NCC, LPC

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Lafayette, LA 70503
337-806-0304

CONSENT TO TEST, COUNSEL AND CODUCT THERAPY WITH A MINOR

I, the undersigned, do hereby give my consent and permission for Shantele H. LeDoux, LPC, to test, counsel, and/or conduct therapy with the child or children listed below:

I further grant permission for Shantele H. LeDoux to share information concerning those listed above with other professionals. I also understand that strict confidentiality will be maintained with the exception of endangerment of life, welfare, or as otherwise provided by law.

I also certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

Name (Please Print)

Signature

Date