



Lynchburg First Church of the Nazarene
1737 Wards Ferry Rd
Lynchburg, VA 24501

(434)226-0222

Written and Verbal Consent Form

I give consent for my counselor, _____, of
Lynchburg First Church of the Nazarene Wellspring Counseling, to share written and verbal
information regarding my treatment with:

Name: _____ Contact number/info: _____

Name: _____ Contact number/info: _____

Name: _____ Contact number/info: _____

If you wish for this release to be changed in any way, let your counselor know and this
release can be altered or terminated.

Counselee

Date

Parent (if Counselee is under 18)

Date

Counselor

Date