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P.O. Box 1063 • Mission, Kansas • 66222-0063  
Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

I, \_\_\_\_\_, by my signature below  
Parent/Legal Guardian

Hereby give my consent for my child, \_\_\_\_\_,  
Client's name

to receive service from the Heartland Regional Alcohol/Drug Assessment Center.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Relationship to Client