



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

Parent and Guardian Notification Form

I, _____, by my signature below
Parent/Legal Guardian

hereby acknowledge that, _____
Client's name / DOB

will receive services from the Heartland Regional Alcohol/Drug Assessment Center.

Signature of Parent/Legal Guardian

Date: _____

Relationship to Client