

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

Parent / Guardian / Legally Authorized Representative Notification Form

As the Parent, Guardian, or Legally Authorized Representative of the client named below, I hereby acknowledge that they will receive services from the Heartland Regional Alcohol/Drug Assessment Center.

Client Name	Client DOB
Parent / Legally Authorized Representative / Guardian	Date
Relationship to Client*	Date