Withdrawal of Parent/Guardian Consent Form

I withdraw my written consent for my child, _____ to receive medical care, counseling, and any treatment related to these services at the PAWS Community Adolescent Health Center and E3 Program, effective immediately.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Witness Date

721 Sixth Avenue
Office: 269.273.1418
Fax: 273.3347

Hours of Business
Monday—Friday
8:00-4:30