



Youth Consultation Service, Inc.
HMS Clinic Cancellation Policy (YCS)

Submit Approval To:

YCS Location:

Event: HMS Cancellation Policy (YCS)

Date Form Completed:

Staff:

Acknowledgement:

Consent:

I have read and understand The Dr. Helen May Strauss Clinics Cancellation Policy.

Scanned Documents

Scanned Document: No document attached

Signatures

Print Name of Client:

Signature of Client:

Parent/Guardian Print Name:

Relationship to Client:

Parent/Guardian Signature:

Print Name of Witness:

Witness Signature:

Tasks/Schedules

Next Event Due:

Next Scheduled Event

Event:

<u>Last Name</u>	<u>First Name</u>	<u>Event</u>	<u>Due Date/Time</u>	<u>Scheduled Date/Time</u>	<u>Staff</u>
Not on File...					