

**Ginger Brown LCSW, RPT
405 Clairborne, Suite 1
Olathe, KS 66062**

MINOR CONSENT

Date _____

This is to certify that I/we, _____, have legal custody or guardianship of the following child or children:

Name

Date of Birth

I/We give consent for him/her/them to receive individual and/or family therapy from Ginger Brown LCSW, RPT.

Legal Custodial Parent/Guardian Signature Date

Legal Custodial Parent/Guardian Signature Date