LIFELINE
COUNSELING CENTER

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:

Name Date of Birth

I/we give consent for him/her to receive individual and/or family therapy from

_____
Legal Custodial Parent/Guardian Signature Date

_____
Legal Custodial Parent/Guardian Signature Date

_____
Therapist Signature Date