

**Marcie K. Wheatley, LCMFT  
405 S Clairborne, Suite 1  
Olathe, KS 66062**

**MINOR CONSENT**

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**Date** \_\_\_\_\_

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

Name

Date of Birth

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I/We give consent for him/her/them to receive individual and/or family therapy from Marcie K. Wheatley, LCMFT.

\_\_\_\_\_  
Legal Custodial Parent/Guardian Signature                      Date

\_\_\_\_\_  
Legal Custodial Parent/Guardian Signature                      Date