Shelley L. Bartel, LSCSW
11100 Ash Street, Suite 100, Leawood, KS 66211

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.

_____
Legal Custodial Parent/Guardian Signature Date

_____
Legal Custodial Parent/Guardian Signature Date