



MINOR CONSENT

Date: _____

This is to certify that I/we, _____, as parent(s), or guardian(s) give consent for the following child(ren) to receive individual, family, and/or group services from KCSL:

A. Name

Date of Birth

I/We may revoke this consent for receipt of services in writing at any time.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

KCSL Staff

Date