



Danna Dahl, LCMFT, LCPC  
12351 W 96th Terrace, Suite 108  
Lenexa, KS 66215  
913-491-6876 x 102

**MINOR CONSENT**

*Please complete this form if you have children under the age of 18 who will be participating in counseling.  
Thank you.*

Date \_\_\_\_\_

This is to certify that I/we, \_\_\_\_\_,  
(Parent or guardian printed name)

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 counseling from  
Danna Dahl, LCMFT, LCPC.

_____	_____
Legal Custodial Parent/Guardian Signature	Date
_____	_____
Legal Custodial Parent/Guardian Signature	Date
_____	_____
Counselor Signature	Date