



## Libby Rooney Counseling, LLC

8575 W. 110th Street, Suite 225  
Overland Park, KS 66210

### MINOR CONSENT FORM

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

**Name**

**Date of Birth**

_____	_____
_____	_____
_____	_____
_____	_____

By signing this form, consent is given for him/her/them to receive individual and/or family therapy from Libby Rooney, Licensed Professional Counselor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date