



6000 Lamar Ave.
Suite 130
Mission, KS 66202
Fax (913) 826-1608
831-2550

CONSENT FOR MEDICAL CARE OF A MINOR

OTHER SERVICE LOCATIONS

1125 W. Spruce St.
Olathe, KS 66061
Fax (913) 782-1186
(913) 782-2100

Community Support Services
6440 Nieman Rd.
Shawnee, KS 66203
Fax (913) 962-7843
(913) 962-9955

Regional Prevention Center
1125 W. Spruce St.
Olathe, KS 66061
Fax (913) 715-7881
(913) 715-7880

Adolescent Center for Treatment
301 N. Monroe St.
Olathe, KS 66061
Fax (913) 782-0609
(913) 782-0283

Adult Detoxification Unit
11120 W. 65th Street
Shawnee, Kansas 66203
Fax (913)826-4104
(913)826-4100

After Hours
Emergency Service
Fax (913) 588-6568
(913) 384-3535

I, _____, _____,
Print Name Print Agency and Job Title, if applicable

consent to evaluation and/or Treatment for a minor child,

Print child's full name

At the Johnson County Mental Health Center.

I am/my agency is: (check one):

- The child's parent.
- The child's legal guardian.

Signature of Parent or Legal Guardian Date

Signature of Witness Date

