

CM Counsel

CONSENT TO TREAT MINORS

I, _____, give my consent for
_____ to receive treatment
from CM Counsel.

I certify that I am able to give consent because:

____ I am the child's natural or adoptive parent with legal custody to
consent to treatment (if applicable, please provide a copy of any interim or
final custody agreement relating to the child.)

____ I am the child's legal guardian, foster parent or I have been given
power of attorney to make health care decisions on behalf of the child
(provide a copy of the relevant documents, i.e., guardianship papers, foster
care documentation, power of attorney, etc.).

Signature _____ Date _____

Print name: _____

Witness _____ Date _____