

CM Counsel

CONSENT TO TREAT MINORS

I, _____, give my consent for
_____ to receive treatment,
which may include medication, 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 _____

If custody agreement requires the consent of both parents/guardians for treatment of their minor child, please fill out this second Consent to Treat a Minor for signature.

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Signature _____ Date _____

Print name: _____

Witness _____ Date _____