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 healthcare 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: ___________________________