

Consent for Treatment of Minor (Divorce/Legal Separation/Guardianship)

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| <i>Date:</i> | |
| <i>Child's Full Name:</i> | |
| <i>Child's Date of Birth:</i> | |
| <i>Parent/Guardian's Full Name:</i> | |

PLEASE SELECT THE APPROPRIATE CUSTODIAL ARRANGEMENT THAT APPLIES:

- Biological parents are not residing together and no order has been entered by a court in any jurisdiction.

- Biological parents who are not residing together. There is an order entered by a court granting sole legal custody, also known as sole legal decision-making to _____.

- Biological parents who are not residing together. There is an order entered by a court granting joint legal custody, also known as joint legal decision-making.

- Biological parents who are not residing together. There is an order entered by a court granting joint legal custody, also known as joint legal decision-making with _____ granted final say in the areas of _____.

- Legal Guardianship granting guardianship to the following individual(s): _____.

INFORMATION ABOUT COURT ORDERS:

Please provide a complete copy of the last order regarding legal decision-making or legal custody entered and pertaining to the minor child listed above. Then provide the following information about this Order:

Date Entered: _____
County: _____
State: _____
Relevant Pages: _____

I, the undersigned parent and/or guardian of the minor child whose name appears above, hereby give full permission and consent for Dr. Linda C. Caterino to provide those services outlined below to the minor child and with the understanding that I may revoke this consent with written notification to Dr. Linda Caterino at any time.

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE