University of Miami – Child and Adolescent Mood and Anxiety Treatment Program

Minor Child Custody Information Form

Please print your child’s name: ____________________________________________________________

Please print the child’s mother’s name: ________________________________________________

Please print the child’s father’s name: ________________________________________________

Please print the name of the person completing this form: ________________________________ and indicate your relationship to the minor child: ________________________________ (i.e., mother, father, grandparent, legal guardian).

Please indicate, are the child’s parents legally married?    Yes or    No

If you answered yes to the above question (parents are legally married), you do not need to complete the rest of this form. You may print, sign and date this form, and return it to the CAMAT Program.

If you answered no to the above question (parents were never married, are separated, or divorced), please answer the following:

Do both parents have the legal authority to consent to the medical and/or mental health treatment of this child? (Please refer to relevant court documents and/or consult with your attorney when determining your response to this question).    Yes or    No

If you answered yes to the above question, both parents will be required to sign consent for evaluation and treatment. Please contact our coordinator with any questions.

If you answered no to the above question, which parent is responsible for authorizing medical and/or mental health treatment: ________________________________

Name (Please Print)  ________________________________  Date  ________________________________

Signature