

OFFICE USE ONLY		
<b>CAMAT Screening Protocol #20130139</b>		
ID #: _____	Initials: _____	Date Received: ____ / ____ / ____

**UNIVERSITY OF MIAMI – CHILD AND ADOLESCENT MOOD AND ANXIETY TREATMENT PROGRAM**

<b>Minor Child Custody Information Form</b>
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: _____
Indicate your relationship to the minor child (i.e., mother, father, grandparent, legal guardian): _____
Are the child's parents legally married? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• <b>If you answered <u>yes</u> to the above question</b> (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.</li> <li>• <b>If you answered <u>no</u> to the above question</b> (parents were never married, are separated, or divorced), please answer the following:  <b>Do both parents have the legal authority to consent to the medical and/or mental health treatment of this child?</b> (Please refer to relevant court documents and/or consult with your attorney when determining your response to this question). <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> <li>○ <b>If you answered <u>yes</u> to the above question</b>, both parents will be required to sign consent for evaluation and treatment. Please contact our coordinator with any questions.</li> <li>○ <b>If you answered <u>no</u> to the above question</b>, which parent is responsible for authorizing medical and/or mental health treatment: _____</li> </ul> </li> </ul>

Signature: _____	Date: _____
Printed Name: _____	