



TREATMENT DECISION ASSIGNMENT

This assignment shall confirm that I,

Print Parent/Legal Guardian's Name

assign complete permission and authority to

Print Assignee's Name

to make all necessary treatment decisions and consent to such treatment decisions for the care of my child(ren),

Print Child(ren)'s Name(s)

IN WITNESS WHEREOF, the parties hereto have executed this Treatment Decision Assignment as of the date first written below.

Parent/Legal Guardian's Signature

Date

Assignee's Signature

Date