

Guardianship Agreement

Re: _____

I, _____, am the parent/ adoptive parent/
guardian legally able to sign for and authorize services for the minor named above.

Is there any other individual that is legally able to sign for and authorize services for this minor?
Yes _____ No _____ If yes, please provide the necessary information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Documentation regarding those responsible for the child's healthcare must be provided in the following situations: Custody Orders, Divorce, Shared parenting

The undersigned hereby certifies that the information provided is true and accurate and authorizes Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives to rely on the information herein provided. Further, the undersigned agrees to waive, release, discharge, save and hold harmless and fully indemnify Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives from any and all claims, demands, causes of actions, loss or injury against Catalyst Life Services in relying on the information provided herein or for those services rendered in reliance on the information provided herein.

The purpose of this form is to allow Catalyst Life Service to perform quality services to the above named individual while observing legal regulations.

****If Shared Parenting Plans or Joint Custody is involved: please complete the section below:**

I hereby authorize (child's other parent) _____
The unilateral authority to consent to and sign for any and all treatment and services provided by Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives to the child above. By signing this consent, I hereby recognize that I will not be informed of further treatment or services provided to my child if the above named individual consents to the treatment or services.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____