St. Clair County Community Mental Health Authority

Consent – Out Of County Travel CIS

Individual Name:	Case #
On	the CIS Program will be participating in an out of county
Outing to	<u>.</u>
Important information regarding t	his Outing:
hat the control of the contro	as my permission to attend the above referenced CIS Outing.
Guardian Signature:	Date:
Guardian Printed Name:	

Clinical Form: #03-1307 Revised Date: 6/1/2023 Policy Ref: #03-002-0025

EHR: Legal/Consents, Other Legal Documents Note: Consent - Out Of County Travel CIS