

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 \_\_\_\_\_.

Important information regarding this Outing:

\_\_\_\_\_ has my permission to attend the above referenced CIS Outing.  
(Name of Individual)

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_