

**JUVENILE RESIDENTIAL CENTER  
PERMISSION TO TREAT**

JD-JM-206 Rev. 1-22  
P.A. 21-104

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
**COURT SUPPORT SERVICES DIVISION**  
[www.jud.ct.gov](http://www.jud.ct.gov)



Minor's name		Date of birth
Address		Town
Admission date	Telephone number	

**Consent for Treatment of a Minor:** *(Intake Officer will read this statement verbatim)*

"I give consent to the State of Connecticut, Judicial Branch, Court Support Services Division, and any provider under contract with them, to provide necessary routine medical, mental health, and/or dental testing and treatment to the minor named above while admitted to the following Juvenile Residential Center":

Name of juvenile residential center

"This Permission to Treat is effective for the duration of the current admission at the above juvenile residential center. This permission also includes all transfers of the minor to and from any Court Support Services Division Juvenile Residential Center during this admission. This Permission to Treat may be revoked in writing any time during the minor's stay".

By signing below I acknowledge that I have read the above statement to the parent or guardian and Permission to Treat was obtained from the parent or legal guardian ☐ by telephone or ☐ in person.

Signature of witness or center representative	Print name of witness or center representative
Title	Date
Signature of parent or legal guardian <i>(If permission to treat is obtained in person)</i>	Print name of parent or legal guardian
Relationship to minor	Date

☐ Select if permission was given by Juvenile Residential Center Superintendent after 3 days.

Juvenile Residential Center Superintendent Authorization	Date
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**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).