

Serenity Place, LLC
22530 Washington Street, #1
P.O. Box 1831
Leonardtown, MD 20650
P: 301-690-8008 F: 312-260-7996

CONSENT FOR TREATMENT OF A MINOR (UNDER 16)

I _____, hereby authorize Serenity Place, LLC to treat

my child _____ age _____.

Signature of Parent or Personal Representative

Date

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