



Central Montana Family Planning
Montana Cancer Screening Program

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Teen Patient Parental / Guardian Release

Today's Date: _____

I, _____, hereby give my consent for my Mother and / or Father or Guardian to request (order refills either in person or via telephone), pick-up, and / or pay for my birth control method.

Central Montana Family Planning staff may acknowledge to my Mother and / or Father or Guardian that I am a patient of Central Montana Family Planning, if asked. **Initials:** _____

Central Montana Family Planning staff may acknowledge to my Mother and / or Father or Guardian if I'm present at the clinic at the time of questioning. **Initials:** _____

My Mother and / or Father or Guardian may schedule appointments for me (either in person or via telephone), and Central Montana Family Planning may confirm my appointments with them. **Initials:** _____

This consent expires 1 year from the date above and I may revoke it at any time either verbally or in writing.

Patient Signature: _____

Printed Name: _____

Witness Signature: _____

Date of Birth: _____

Chart #: _____