

# Consent Form for Transgender Minor Individual

To: Parents, Legal Guardian and Case Workers

For: Consent for transgender support services of individuals under the age of 18

From: Crossport, a Cincinnati-area transgender support group

Date: \_\_\_\_\_

In accordance with Crossport By-Laws Section 1.4 which reads in part, “...**anyone younger than 18 years of age may attend group support meetings only with the signed, written consent of a parent, legal guardian or case worker having a court directive...**”, a signed consent for treatment of a minor individual is required before the minor’s attendance at a support meeting.

Minor’s name (print clearly): FIRST \_\_\_\_\_ M.I. \_\_\_\_ LAST \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_, city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

I, \_\_\_\_\_, am ( ) the parent, ( ) legal guardian or ( ) case worker and am acting on behalf of the above named minor individual who, having been diagnosed with transgender issues, is seeking support services from Crossport. This support care may include attendance at support group meetings and counsel from Crossport.

I understand that:

1. Crossport provides a forum for group meetings attended by individuals who may express individual opinions outside the intended representations of Crossport.
2. All information held by Crossport is deemed confidential. The signed consent form holds Crossport and the members of the Crossport board, individually and collectively, free and clear from any and all legal liability resulting from actions concurrent with Crossport support group meetings.
3. No minor shall be involved in any research, survey or study without his or her full acknowledgement and separate, written consent by the legal authority governing the minor individual.
4. Attendance at a group support meeting confers upon the minor individual all benefits of a non-voting member of Crossport (Bylaws Section 1.1), enabling the minor individual to receive e-mail and other communications from Crossport.
5. This Consent Form for Minor Individual shall remain in effect until the consent is withdrawn in writing and having a 14-day notice OR the individual is 18 years in age.

This consent cannot be signed by anyone other than a parent, a legal guardian or a case worker having a court directive ordering support services. I acknowledge that I am ( ) the parent, ( ) the legal guardian or ( ) case worker with court directive to be attached to this form, AND give consent for the support services of Crossport for the above named minor individual.

Contact person, phone and e-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Case Worker with Court Directive

\_\_\_\_\_  
Date