

# M&S Supervised Living LLC

[mssupervisedliving@yahoo.com](mailto:mssupervisedliving@yahoo.com)

7311-A Friendship Church Rd  
Brown Summit NC 27214  
Office: 336.656.7809  
Fax: 336.464.2798



308 L Pomona Drive  
Greensboro NC 27407  
Office: 336.907.7950  
Fax: 336.464.2798

---

## Medical Treatment Agreement

Name of Consumer: \_\_\_\_\_

As a parent/guardian of the above named resident of M&S, Supervised Living LLC, the right to seek and obtain medical treatment on an as needed basis from the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this permission is granted for a period of three years from this date and that I may withdraw this permission at any time I so choose by submitting a written document stating my desire to withdraw said permission to any member of the M&S team.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness