

CONTINUING CONSENT TO TREAT

We, the undersigned parents or legal guardian of	(Name of student)
do hereby consent to any x-ray examination, anesthetic,	medical or surgical diagnosis or treatment and
hospital service that may be rendered to said minor under	er the general or special instructions of
or any ph (Name of physician)	nysician the school may call, whether such
diagnosis or treatment is rendered at the office of said pl	hysician or at a licensed hospital. It is
understood that reasonable effort will be made to contact	ct the doctor listed above before any other
physician is called by the school.	
It is further understood that this consent is given in a	dvance of any specific diagnosis or
treatment which might be required and is given to autho	rize Warren Seventh-day Adventist School
or to the physician to exercise their best judgment as to t	the requirements of such diagnosis or treatment
This consent shall remain in continuous effect until revok	xed in writing and delivered to the physician
named above or to the school entrusted with the custody	y of said minor.
Signature of father/legal guardian	Date
Signature of mother/legal guardian	Date
Signature of witness	Date