

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 the general or special instructions of _____
(Name of physician) or any physician the school may call, whether such

diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Warren Seventh-day Adventist School or to the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

Signature of father/legal guardian

Date

Signature of mother/legal guardian

Date

Signature of witness

Date