

# Continuing Consent to Treatment and Authorization Release Information

We, the undersigned parents or guardian of the following student,  
\_\_\_\_\_, a minor, 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 the following physician,  
\_\_\_\_\_, MD, or any physician, the school or organization 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 the school or other organization calls any other physician.

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 **Upper Columbia Conference**,  
whose custody minor has been entrusted or the physician to exercise their best judgment as to  
the requirement 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 or organization entrusted with the custody of said  
minor.

We hereby authorize any hospital, physician, or other person who has attended or examined  
the minor to furnish to General Conference Insurance Service or its representative, any and all  
information with respect to any illness, medical history, consultation, prescriptions or  
treatment, and copies of all hospital or medical records. A Photostat copy of this authorization  
shall be considered as effective and valid as the original.

Dated: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

## Parental Contact Information:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Allergies My Child Has

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Medications My Child is Taking

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*If you send medication for your child, list: name of drug, dosage,  
and how often it is taken. If you want the nurse to administer the  
drug, it has to be sent in its original container.