

CONTINUING CONSENT TO TREATMENT

ST. LOUIS UNIFIED SCHOOL of Seventh-day Adventists

HEALTH INSURANCE INFORMATION

Name of student(s) _____

We, the undersigned parents or guardian of above named student(s), 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 _____, 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 any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize _____ or 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 or organization entrusted with the custody of said minor.

The above named student
____ is
____ is not
Covered by health insurance

Current health insurance company _____

Policy number _____

Dated: _____

Father

Mother

Legal Guardian

Witness