

Continuing Consent to Treatment and Authorization to Release Information

We, the undersigned parents or guardians of _____, a minor, do hereby consent to any x-ray treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M.D., 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 officials of the Corinth SDA School or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent will 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.

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, consultations, prescriptions or treatment, and copies of all hospital or medical records.

A photostatic copy of this authorization will be considered as effective and valid as the original,

Date: _____

Father: _____

Mother: _____

Guardian: _____

Witness: _____