



CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

Lewis County Adventist School

We, the undersigned parents or guardians of, _____,
(Name of 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 _____, M.D., or any physician the school or
(Name of Physician)

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 **Lewis County Adventist School** 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.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Adventist Risk Management, Inc. 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 photo static copy of this authorization shall be considered as effective and valid as the original.

Dated: _____	Father's Signature _____
Phones	Mother's Signature _____
Home: _____	Guardian's Signature _____
Work: _____	
Cell: Mother: _____	Father: _____

In case of an emergency (if unable to reach parent or guardian) please contact:

Name: _____
(Person not living in same home as Parent/Guardian)

Address: _____

Phone: Home: _____ **Work:** _____

Cell Phone: _____ **Physician's Phone:** _____