



CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

Parents: In the event your child becomes ill or injured during the school day or at a school-related event and you cannot be reached, this authorization form gives consent for medical treatment to be administered to your child. Please complete this form for each child.

Name		Grade
Date of Birth	SSN#	
Known Allergies/Reactions/Medications Taken		
Name of Physician	Telephone	
Name of Dentist	Telephone	
Preferred Hospital		

We, the undersigned parent(s) or guardian(s) of the minor listed above 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(s) under the general or special instructions of (Please see above), 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 all reasonable effort will be made to contact the doctor listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which may be required and is given to authorize Columbus Adventist Academy 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 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 the school 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 reports. A photocopy of this authorization shall be considered as effective and valid as the original.

I do not want my child to receive any medical treatment without my explicit consent.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date