

## **CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION**

We, the undersigned parents or guardian of \_\_\_\_\_, a minor, do hereby  
(Name of Student)  
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./D.O., or any physician the school or organization may call,  
(Name of Physicians)  
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  
which might be required and is given to authorize **Maranatha 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.

**The above named student**

\_\_\_\_\_ **is**

\_\_\_\_\_ **is not**

**covered by Health Insurance**

**Present Health Insurance Company**\_\_\_\_\_

**Policy Number**\_\_\_\_\_

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

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

**Witness:** \_\_\_\_\_

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

**GCIS 5(9-76) 100,000**

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