
CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

(On Campus- Keep in Cum Folder)

We, the undersigned parents or guardian of _____, 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 instruction of _____ M.D, or any physician the school may call, whether such diagnosis o 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 calls any other physician.

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 **Petersen Elementary** 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.

The above named student is _____, is not _____ covered by health insurance.

Present Health Insurance Company _____

Policy Number _____

Parent or Guardian's Name: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

Phone: Home _____ Cell _____ Work _____

Signature of Parent or Guardian _____ Date: _____