

Indiana Conference of Seventh-day Adventists Schools  
**Continuing Consent to Treatment**

We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a  
*Full Legal Name of Student and Date of Birth*  
minor, do hereby consent and authorize \_\_\_\_\_ and its representatives  
*Name of School*  
to secure any medical and/or surgical diagnosis or treatment and/or other medical procedures that may be required by said minor in the event of accident or other reason which may require medical treatment in the sole discretion of \_\_\_\_\_ and its representatives.  
*Name of School*

The school may call any licensed physician/dentist and such diagnosis or treatment may be rendered at said physician's/dentist's office or a licensed hospital or any other place, and the undersigned agrees to pay the cost of such care and to hold harmless \_\_\_\_\_ for all expenses of such  
*Name of School*  
services and for any other liability in procuring such service. The undersigned requests that if possible the following physician/dentist be contacted for the purpose of rendering such diagnosis or treatment:

\_\_\_\_\_, M.D. \_\_\_\_\_, D.D.S.  
*Preferred Physician Preferred Dentist*

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required. This consent shall remain in continuous effect until revoked in writing and such revocation delivered to \_\_\_\_\_.  
*Name of School*

The following information is needed by any physician or hospital not having access to the minor's medical history:  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Physical Impairments: \_\_\_\_\_

The above name minor \_\_\_\_\_ is \_\_\_\_\_ is not covered by Health Insurance.  
Present Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

The following must be witnessed:

_____ <i>Signature</i>	_____ <i>Title (Father, Mother, or Legal Guardian)</i>	
_____ <i>Printed Name</i>	_____ <i>Date</i>	
_____ <i>Signature of Witness</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>

Initial & Date to confirm above information is correct. \_\_\_\_\_  
2013-2014      2014-2015      2015-2016