

## CONTINUING CONSENT TO TREATMENT

We, the undersigned parents or legal guardians of \_\_\_\_\_

*(Name of Minor)*

do hereby consent to 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

\_\_\_\_\_ or any physician the school may call, whether such

*(Name of Physician)*

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.

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 \_\_\_\_\_

*(Name of School Into Whose Custody Minor Is Entrusted)*

or to the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This 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.

\_\_\_\_\_  
*Signature of Father*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*