

Continuing Consent to the Treatment and Authorization to Release Information

Gold Coast Christen School

We, the undersigned parents or guardians of _____, a minor, do hereby consent
Name of student

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 special instructions of _____,
Name of Physician
 or any physician the school or organization may call, 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 the Gold Coast Christian School or the physician to exercise their best judgment as to requirements of such diagnosis or treatment. The 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 the said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve that school and the directing personnel from any legal liability.

The above named student is covered by insurance. Yes No

Current Health insurance Company: _____

Member #: _____ Group #: _____

Parent/ Guardian's Signature: _____ Date: _____

2018-2019 Up to date initials: _____ 2019-2020 Up to date initials: _____