



## CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parents or guardian of (Name of Student or Member) \_\_\_\_\_, a minor, do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor. It is understood that reasonable effort will be made to contact the student's doctor.

It is further understood that the school is authorized and will seek medical treatment in a perceived emergency. This consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize (Name of Organization into Whose Custody Minor is Entrusted) \_\_\_\_\_  
Ooltewah Adventist School

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

This consent shall remain in continuous effect until revoked in writing and delivered 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: \_\_\_\_\_

Is this student currently taking any medications?  No  Yes  
Explain: \_\_\_\_\_

Does this student have any allergies?  No  Yes  
Explain: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_