

Bay Knoll Seventh-day Adventist School
Continuing Consent to Treatment & Health Insurance Information
New York Conference of Seventh-day Adventists School System

We the undersigned parents or guardian of _____, a minor, do hereby consent to any medical examination, X-ray examination, anesthesia, medical or surgical treatment and hospital service that may be rendered to said minor, under general or special instructions of _____, M.D., or any physician the school or organization may call, whether such treatment is rendered at the office of the said physician or at a licensed hospital. It is further understood that reasonable effort will be made to contact the physician 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 **Bay Knoll Seventh-day Adventist School** 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 or organization entrusted with the custody of said minor.

List Allergies/Special Instructions: _____

Emergency Instructions (for use if school closes): _____

The above-name student is is not covered by a health insurance plan.

Present Health Insurance Company _____

Policy # _____ Date of Policy _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Guardian _____ Date _____

Signature of Witness _____ Date _____