Bay Knoll School Seventh-day Adventist School

Continuing Consent to Treatment & Health Insurance Information

New York Conference of Seventh-day Adventist 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 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 all Allergies / Special Instructions:____

____

____

Emergency Instructions (for use if school closes):____

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____

The above-named student ☐ **is** or ☐ **is not** covered by a health insurance plan.

Present Health Insurance Company:____

Policy Number:____Date of Policy:_____________________________

Signature of Father:____Date:________________________

Signature of Mother:____Date:________________________

Signature of Legal Guardian:____Date:________________________

Signature of Witness:____Date:________________________