Authorization to Release Information & Continuing Consent to Treatment

We/I the undersigned parent(s) or guardian(s) of ___________________________(minor child) do hereby consent to any emergency x-ray examination, anesthetic, medical treatment, surgical treatment, or hospital service that may be rendered to said minor under the general or special instructions of Dr. _________________________ (minor child's physician) or any physician whom Desert View Christian School (DVCS) may call. We/I understand that a reasonable effort will be made to contact the doctor listed above before any other physician is called by DVCS. We/I also understand that a reasonable effort will be made to contact one of the minor child's parent/guardians in the event of an emergency.

We/I understand that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize DVCS personnel and the attending physician to exercise their best judgment as to the minor child's treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Desert View Christian School.

We/I hereby authorize any health care provider who has treated the minor to furnish to the General Conference Insurance Service, or its representative, all hospital or medical records containing information with respect to any illness, medical history, consultation, prescriptions, or treatment.

The original of this authorization will remain in the office of DVCS. A photocopy of this authorization shall be considered as effective and valid as the original.

This release authority applies to any information governed by the Health Portability and Accountability Act of 1996 (HIPPA) 42 U.S.C. 1320d and 45 CFR 160-164.

Signature of Parent/ Legal Guardian ____

Date Signed ________________________________

Home Address ____

Phone ______________________________Work Phone ______________________________

Physician Contact Info for Dr. ________________________ Phone ____________________________

Person to be notified in case of emergency when parent cannot be reached:
Name _______________________________________ Relationship to student ______________________

Phone Number ____________________________________