



Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610

Phone (813) 238-0433 ■ Fax (813) 231-0804

CONTINUING CONSENT TO TREATMENT

We, the undersigned parents or guardian of _____ minor, do hereby
(Name of Student)

consent to any X-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ M.D., or physician the school may call, whether
(Physician's name)

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.

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 Mount Calvary Junior Academy or the physician to exercise their best judgement as to the requirement of such diagnosis or treatment.

This consent will remain in continuous effect until revoked in writing and delivered to the physician named above or the school entrusted with the custody of said minor.

Dated: _____

(Father)

(Mother)

(Legal Guardian)

(Witness)