

**CONTINUING CONSENT TO TREATMENT
AND HEALTH INSURANCE INFORMATION**

We, the undersigned parent(s) or guardian(s) of _____ (name of minor) do hereby consent to X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of _____ M.D., (name of physician) or any physician the club may call, whether 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 undersigned parent(s) or guardian(s) before such diagnosis or treatment is rendered. It is further understood that reasonable effort will be made to contact the doctor listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize _____ (Name of club into whose custody minor is entrusted) to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect for one year unless earlier revoked in writing and delivered to the physician named or to the club entrusted with the custody of said minor.

Dated: _____

Father _____

Mother _____

Guardian _____

Witness _____