Nevada Christian School
ADVENTIST EDUCATION
Journey *to* Excellence 2.0

Consent to Treat

2026-2027

Authorization to Release Information:
(One per student)

We, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby consent to any 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 the doctor listed below, or any physician the school or treating organization 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 parents, guardian, or alternate emergency contacts prior to any medical intervention, and reasonable effort will be made to contact the physician listed below before any other physician is called by the school or other organization. If a dentist is needed, the one listed below will be called.

Physician's Name: _____ Phone Number: _____

Clinic Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

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 Nevada Christian School or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above and to the school or organization entrusted with the custody of said minor.

A photocopy or scan of this authorization shall be considered as effective and valid as the original.

Parent Signature:	Date:
Witness Signature:	Date: