

Great Lakes Adventist Academy  
**MEDICAL RELEASE FORM**  
 School Year \_\_\_\_\_

We, the undersigned parents/guardians of \_\_\_\_\_, a minor, do hereby consent to any ex-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our school physician, or any physician the school or 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 school doctor 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 Great Lakes Adventist Academy or the physician to exercise their best judgement 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.

<b>Name of Insurance Company:</b>					
<b>Group No.:</b>		<b>Service Code:</b>		<b>Contract No.:</b>	
<b>My Child is</b>	<b>on these Medications:</b>				
	<b>Allergic to:</b>				
<b>My Child's Physical Difficulties Are:</b>					
<b>Other Comments:</b>					

We hereby authorize any hospital, physician or other person, who has attended or examined the minor, to furnish the insurance carrier, or its representatives, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original.

<b>Parent Signature</b>		<b>Witness Signature</b>	
<b>Legal Guardian Signature</b>		<b>Date</b>	

**- Please include a copy of the information on both sides of your insurance card with this form. -**