

**St. Casimir's Lithuanian Saturday School
Continuing Consent to Treatment**

We the undersigned, parents of _____, minor(s), do hereby consent to any x-ray examination, anesthetic, medical, surgical diagnosis, treatment, and any hospital services that may need to be rendered to said minor(s) in the event of a health related emergency.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the faculty and/or other parent of children at St. Casimir's Lithuanian Saturday School and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain effective until revoked in writing.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Telephone: _____

Hospital/Health Insurance Provider: _____

Hospital/Health Insurance Provider Tel. Number: _____

Health Insurance Policy Number for minor: _____

Emergency Contact Name/Number 1: _____

Emergency Contact Name/Number 2: _____

We agree to allow the school administrators and teachers to care for the above minor(s) in the event of an environmental emergency, including but not limited to providing emergency food, care and shelter for possibly extended periods of time. Such care and supervision of the above minor(s) is not a guarantee of the minor(s) safety, health or wellbeing, but is given to the minor(s) to the best of the school's ability at the time of the emergency.

We, the undersigned parent and/or guardian of the above minor(s) do hereby hold St. Casimir's Lithuanian Saturday School, its administrators, teachers and attending parents HARMLESS AND NOT LIABLE for ANY care provided or not provided or actions taken or not taken in the best interest of the minor(s) in the event of a health or environmental emergency.

Parent/Guardian Signature: _____ Date: _____