

**METHODIST HOSPITAL
CONTINUING CONSENT TO TREATMENT**

Child's Date of Birth: _____

Date

We, the undersigned, parent(s) of _____, a minor, do hereby
Full legal name of child
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 instructions of _____, M.D.
Child's physician
at _____, or the Emergency Room Physician, whether such diagnosis or treatment is rendered at the office
Telephone number
of said physician or at the Methodist Hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment
being required, but is given to encourage said physician(s) to exercise his best judgment as to requirements of such diagnosis or treatment.

This consent shall remain effective until revoked in writing, or until _____, 20____, or
Date
until child's 18th birthday (_____
Date of 18th birthday
).

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Father: _____ Signature Witness: _____ Signature

Mother: _____ Signature Witness: _____ Signature
or

Legal Guardian: _____ Signature Name of Insurance Company: _____

Home address: _____ Cert. No.: _____ Group No.: _____

Home telephone: _____ Mother / or Parent's SS #: _____
Father

Business telephone: _____ Parent's DL #: _____

Known allergies: _____

Known medical problems: _____