

Parental Consent to Treatment for Minor

Patient Name

Date of Birth or TX State ID#

Print name of Parent or Legal Representative

Relationship

Phone#

Legal documents must be presented by Legal Guardian or Managing Conservator for copying.

Consent to Provide Medical Care

I authorize the Student Health Center to administer medical and surgical services and to perform routine and emergency diagnostic and therapeutic procedures as deemed necessary by duly licensed medical personnel.

Signature of Parent or Legal Representative

Date

Consent to Administer Vaccination (must be in writing)

I have read the Vaccine Information Statement (VIS) and information about the disease(s) and vaccine(s) for:

Measles, Mumps, and Rubella Tetanus, Diphtheria, Acellular Pertussis (Tdap) Meningitis
 Tetanus and Diphtheria HPV Chicken Pox Hepatitis B Hepatitis A
 Hepatitis A/B Combo

I have had the chance to ask questions which were answered to my satisfaction and understand the benefits and risks of immunization of those checked. My minor child does not have allergies to vaccines or preservatives, is not pregnant, and not currently ill. I authorized the Texas State Student Health Center to administer the designated vaccines.

Signature of Parent or Legal Representative

Date

FINANCIAL AGREEMENT:

The cost of services provided by the Student Health Center (SHC) is the responsibility of the student, parent, or guardian. Registered students who have paid the Medical Service Fee are entitled to access services at the SHC. However, there is a CHARGE for lab tests, x-rays, treatments, medications, supplies, and services. Payment is required at the time medical services are rendered. A Walk-Out Statement is available for each patient visit and may be used in filing for reimbursement with your insurance company. Having optional student insurance coverage or coverage through a private insurance company does not relieve you of your financial responsibility.

INSURANCE CLAIMS and ASSIGNMENT OF BENEFITS:

I authorize the SHC to use and disclose my health information for processing of insurance claims for Texas State student insurance plan benefits. I authorize payment of my medical benefits be made to the SHC.

ELIGIBILITY:

The Student Health Center provides services only to those individuals who meet the SHC eligibility policy. Individuals eligible to access services are registered students and non-registered students for only one semester after last enrolled. Others who are eligible to use the SHC on a limited basis are participants of a university function and faculty and staff for certain services.

Please sign to indicate you have read, understand, and agree to the above conditions.

OFFICE USE ONLY:

Verbal consent to provide medical care given by: _____ Ph# _____

Signature of SHC Staff: _____ Witness _____ Date _____

Texas State University-San Marcos
Student Health Center, San Marcos, TX, 78666
Ph. (512) 245-2161 Fax (512) 245-9288