

**Consent to Treatment for a Minor**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Emergency Contact Information**

Name of contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**CONSENT to TREATMENT**  
Consent must be signed prior to receiving services.

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 professionals.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENTS**

**FINANCIAL:**

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, services, and Preferred Provider Network referrals. Payment is required at the time medical services are rendered by either cash, check, Visa, MasterCard, American Express, Discover debit/credit cards or Bobcat Bucks. A walk-out statement detailing services rendered and diagnosis and procedure codes assigned is provided with each patient visit, which may be used for 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 child's health information for processing of insurance claims for Texas State Workers' Comp or student insurance plan benefits. I authorize payment of my medical benefits be made to the SHC.

**ELIGIBILITY:**

The SHC provides services only to those individuals who meet the SHC eligibility policy. Individuals eligible to access services are registered students and non-registered student 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.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Verbal consent given by(name & relationship) \_\_\_\_\_

Phone # called \_\_\_\_\_ Fax # \_\_\_\_\_ Mailed \_\_\_\_\_

Signature of staff \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_