

**Authorization and Consent for Treatment**

**If the student is under the age of 18, a parent or guardian must also sign. The student needs to also sign via the Student Health Portal form. (see davidson.studenthealthportal.com)**

- (A) I agree that the attending physician or mental health professional or whomever he or she may designate, may evaluate and treat all injuries, illnesses or mental health concerns for which help is sought. In case of a minor student, (under the age of 18) this treatment may proceed without prior notification of the undersigned parent or guardian. I also agree that needed immunizations may be administered. I further agree that the Center for Student Health & Well-Being may release medical information to other health care providers who are involved in my care.
- (B) I am aware that the Health Center charges for some services and I will be billed through the Business Services Office. I accept personal responsibility for settling the account and for payment of incurred charges. I am responsible for filing outpatient charges with insurance and acknowledge that my responsibility to the College is unaffected by the existence of insurance coverage.
- (C) If I have elected coverage under the college health insurance policy, I hereby authorize the release of medical information necessary to process insurance claims and authorize Academic Health Plans or their representatives to pay benefits directly to the Center for Health & Well-Being for services received.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if student is under age 18

\_\_\_\_\_  
Date