

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 whomever he or she may designate, may evaluate and treat all injuries or illnesses 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