

PENN STATE UNIVERSITY HEALTH SERVICES - MEDICAL TREATMENT AUTHORIZATION

I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent,

Daughter/son/dependent's _____
First Name Last Name Date of birth

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the program activities/camp.

Child's physical or emotional health conditions that the clinician should be aware of:
allergies _____,

recurring illnesses, disabilities, chronic illnesses, etc.:

medications _____,

Date of most recent tetanus immunization: _____
(If more than ten years ago, a booster shot is recommended.)

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement.

I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

HIPAA

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services [Notice of Privacy Practices](http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml). (<http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml>)

I understand that, unless specifically stated otherwise in the Penn State program/camp literature, The Pennsylvania State University **does not** provide medical insurance to cover emergency care or medical treatment of my child.

Name of emergency contact Phone no.

Name of family physician Phone no.

Parent's/ legal guardian's name (please print) Signature * *Terms and Conditions agreed to via electronic signature.*

Parent's/ legal guardian's Health Insurance company

Policy subscriber's name Policy no. Group no.