

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 at meredith.studenthealthportal.com.

- (A) I agree that a Meredith College Student Health staff member 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 care and recommended treatment plan 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 Meredith College Student Health Center may release medical information to other health care providers who are involved in my care.
- (B) I am aware that the Student Health Center charges for some services and I will be billed through the Meredith College Accounting Department. I accept personal responsibility for settling the account and for payment of incurred charges. I acknowledge that my responsibility to the College is unaffected by the existence of insurance coverage.
- (C) I agree that prescriptions written for me at the Student Health Center may be sent via electronic methods to my preferred pharmacy.

Signature of Student

Date

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

Date