CONSENT FOR TREATMENT

STUDENT'S NAME ____________________________

Parental/Guardian permission must be obtained before medical treatment can be rendered to persons under 18 years of age. The following consent form should be signed by parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, they should cross out the word "give" on the form below and insert the word "refuse". If the form is not signed, it will be interpreted as a refusal of permission.

Must be completed by parent/guardian: "I give permission to the Consulting Physicians of Muhlenberg College to treat any illness or injury and carry out such diagnostic and therapeutic procedures as may be necessary for my son/daughter (print name) ______________________ and in the physician's absence for the nurse on duty to render emergency care and other medical care in line with standing orders, and also permit such procedures to be carried out at and by one of the local hospitals in the event that my son/daughter has been sent or taken there for emergency care."

Signature of Parent/ Guardian ____________________________
Printed name and relationship ____________________________
Date ____________________________

Must be completed by student: "I give permission to the Consulting Physicians of Muhlenberg College to treat any illness or injury and carry out such diagnostic and therapeutic procedures as may be necessary for myself (print your name) ______________________ and in the physician's absence for the nurse on duty to render emergency care and other medical care in line with standing orders, and also permit such procedures to be carried out at and by one of the local hospitals in the event that I have been sent or taken there for emergency care."

Signature of Student ____________________________
Printed name ____________________________
Date ____________________________

INSURANCE INFORMATION

Muhlenberg College carries a limited ACCIDENT insurance on all full time students. It is REQUIRED that every student have primary health insurance coverage. Please include copies of Health and Pharmacy Insurance Cards (front & back). It is your responsibility to maintain current insurance information at the Health Center throughout your college career. It is also your responsibility to understand your health insurance plan (such as referral information, laboratory information, and in-network providers within the Allentown area). Students assume the cost of healthcare not provided by the health center. These include radiology & laboratory services (such as blood work and all cultures) and any outside health care provider evaluations.

NAME OF INSURED ____________________________

NAME OF INSURANCE CO. ____________________________ TELEPHONE ( ____________ ) __________________

GROUP NUMBER ____________________________ IDENTIFICATION NUMBER ____________________________

PRIMARY CARE PHYSICIAN'S (PCP) NAME ____________________________

PCP TELEPHONE ( ____________ ) __________________ FAX ( ____________ ) __________________

Are you a member of a Health Maintenance Organization (HMO)? Yes No

Do you have out-of-network coverage? Yes No

Is a health insurance referral required for evaluations by specialists? Yes No

Is a health insurance referral required for radiology services? Yes No

Does your health insurance require the use of a specific laboratory for laboratory services? Yes No

If “Yes”, please circle laboratory to be used: QUEST DIAGNOSTICS or LABCORP