Texas State University
Student Health Center, 601 University Dr. San Marcos, TX 78666
Phone: 512-245-2161 Fax: 512-245-9288

Parental Consent to Treatment for Minor

Patient Name **_Date of Birth of TXST ID#_**

Print name of Parent or Legal Representative **_Relationship_** **_Phone Number_**

Legal documents must be presented by Legal Guardian or Managing Conservator for copying.

Consent to Provide Medical Care

I authorize the Student Health Center to administer medical, surgical and mental health services and to perform routine and emergency diagnostic and therapeutic procedures and referral to onsite behavioral counseling as deemed necessary by duly licenced medical professionals.

Signature of Parent or Legal Representative **_Date_**

Consent to Administer Vaccination (must be in writing)

I have read the Vaccine Information Statement (VIS) and information about the disease(s) and vaccine(s) for:

- ☐ Measles, Mumps, and Rubella
- ☐ Tetanus, Diptheria, Acellular Pertussis (Tdap)
- ☐ Meningitis
- ☐ Tetanus and Deptheria
- ☐ HPV
- ☐ Chicken Pox
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ Hepatitis A/B Combo
- ☐ Influenza/Flu
- ☐ COVID-19

I have had the chance to ask questions which were answers to my satisfaction and understandnthe benefits and risks of immunization of those checked. My minor child does not have allergies to vaccines or preservatives, is not pregnant, and not currently ill. I authorized the Texas State Student Health Center to administer the designated vaccines.

Signature of Parent or Legal Representative **_Date_**

Financial Agreement:

The cost of services provided by the Student Health Center (SHC) is the responsibility of the student, parent, or guardian. Payment is required at the time medical services are rendered. Having optional student insurance coverage, coverage through a private insurance plan or assistance from Texas Workforce Solutions (TWS) (formerly DARS) does not relieve you of your financial responsibility. The Mailing Address you provided may be used by the SHC and the reference lab for billing purposes. Bills may include diagnosis, lab tests performed and other service provided

Insurance Claims and Assignment of Benefits:

I authorize the SHC to use and disclose my health information for processing of insurance claims, purchase orders from TWS and IDTs (interdepartment transfers). I authorize the payment of my medical benefits be made to the Texas State Student Health Center.

Eligibility:

The Student Health Center provides services only to those individuals who meet the SHC eligibility policy. Individuals eligible to access services are registered students and non-registered students for *only one semester after last enrolled.* Others who are eligible to use the SHC on a limited basis are participants of a university function and faculty and staff for certain services.

Please sign to indicate you have read, understand, and agree to the above conditions.

Approved: 01/03/2023