

## Medical Release for Texas State Camp Participants

Last Name	First Name	MI	Birth date	
			( )	
Home Address	City	State	Zip	Home Phone
			( )	( )
Name of Parent/Guardian	Relationship to Child		Home Ph#	Work Ph#
Emergency Contact		Relationship to Child		
( )	( )	( )		
Home Ph#	Cell Ph#		Work Ph#	

The Student Health Center and/or nearest medical facility is hereby authorized to render any necessary medical care to my son/daughter during his/her stay at Texas State.

This authorization is not intended to provide any unusual authority to the Student Health Center or other medical facility; however, a release is required in order to provide medical care to a minor. Parents are routinely informed of any emergency medical condition that occurs.

The cost of services provided by the Student Health Center to your son or daughter is the responsibility of the parent or guardian.

Payment is required at the time medical services are rendered either by cash, check, American Express, MasterCard or Visa credit cards. MasterCard and Visa debit cards are also accepted. A Walk-Out statement outlining services rendered, diagnosis and name of the medical provider is provided with each patient visit, which may be used in filing for reimbursement with your insurance company.

By signing below, I agree to the conditions stated above:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Activity Student is participating in: \_\_\_\_\_

Dates of Activity: (from) \_\_\_\_\_ (to) \_\_\_\_\_