



Treatment Authorization

I authorize the Hastings College Health Center to administer medical and first aid services (including immunizations); to perform emergency care and/or to refer treatment to a local physician or medical facility if deemed necessary.

Print Student Name (first, middle initial, last)

Date of Birth

Signature

Date

Are you under the age of 19 years? If so, your parent or guardian MUST sign below:

Parent/Guardian Signature

Date

Relationship to Student

Healthcare Insurance is required of ALL students:

Name of Health Insurance Company:

Please check with your insurer about procedures to follow if off-campus medical; attention is needed, i.e. hospital or clinic care. Specific notes, are appreciated.
