

If your son or daughter is under age 18, enrolled full-time at ISU, and you would like them to have access to the Student Health Center for medical care, please complete the following Consent for Medical Care and Insurance Assignment/Signature on File Forms.

**Please print form and return it to:
ISU Student Health Center
Campus Box 8311
Pocatello, ID 83209**

For questions or for additional information, please call (208)282-2330.

Consent for Medical Care

Permission is hereby granted to the staff at Idaho State University Student Health Center to proceed with needed medical care, minor surgical treatment, x-ray, laboratory, immunization, and other diagnostic medical procedures for the below named student. In the event of serious illness, need for major surgery, or accidental injury, I understand that a reasonable effort will be made by the care provider in charge and/or Student Health Center personnel to contact me by telephone. If he or she is unable to contact me, needed emergency treatment is hereby requested and may be given as necessary for the best interest of the student.

Insurance Assignment/Signature on File Form

- I understand that a copy of my insurance card is required to be on file before a claim can be submitted.
- I authorize release of any information to my insurance company necessary to process a claim.
- I authorize the Student Health Center physicians to act as my agent in helping me to obtain payment from my insurance company.
- I authorize payment to be made directly to the Student Health Center.
- I understand that the Student Health Center does not bill Medicaid, Medicare, VA or secondary insurance.
- I understand that insurance billing is provided as a courtesy and that my son/daughter or I am responsible for medical bills.
- I authorize use of this form on all my insurance submissions and permit a copy of this authorization to be used in place of the original.

Date: _____ Signature: _____

Relationship to Patient: _____

Student's Name: _____

Witness: _____