

NMC Authorization for Care and Treatment

I voluntarily consent to and authorize the NMC Campus Health Clinic to administer routine medical care and treatments, which may include, but is not limited to physical examination, diagnostic tests, medical procedures and medications as deemed necessary or advisable while the enrolled at Nebraska Methodist College. I also understand that any expenses incurred for medical care provided within Campus Health Clinic are my responsibility. The consent will remain fully effective until it is revoked in writing.

You have the right to discuss the treatment plan with your healthcare provider about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.



Signature of Patient

Printed Name of Patient

Date

DOB

Parent or Guardian must sign below for patients under age of 19:

I give permission to the NMC Campus Health Clinic to provide treatment for my minor child.

Signature of Parent or Guardian (If under age 19)

Printed Name of Parent or Guardian

Relationship to Patient

Date