



Student Health Center
Linden Hall
201 Mullica Hill Road
Glassboro, NJ 08028-1701

856-256-4333
856-256-4427 (fax)

Consent for Treatment

CLIENT NAME

DATE OF BIRTH

STUDENT ID #

ENTRANCE DATE

ADDRESS

CITY

STATE, ZIP CODE

PHONE

Authorization of treatment statement

I hereby authorize Rowan University Student Health Center staff and physicians to provide health care evaluations, treatment and other medical services as necessary and certify, to the best of my knowledge, that the information provided in my health record is complete and accurate.

In case of emergency, I authorize the Student Health Center to secure emergency medical treatment and/or surgery at a hospital if such treatment is deemed necessary. I authorize Rowan University Student Health Center staff and physicians to share any medical information with hospital or emergency medical personnel in the case of an emergency or subsequent treatment.

I understand that the Health Center staff and affiliated health care providers, including counseling and psychological services staff, retain the privilege to consult with one another about clients for treatment and/ or training purposes. If you participate in group counseling or health education, as a member of that group, you will be expected to commit to maintaining the confidentiality of that group.

This authorization will remain in effect as long as I am a student at Rowan University. I understand that in the event of serious illness or injury, my parents or legal guardian may be notified at the discretion of the Student Health Center staff.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE

DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO CLIENT

DATE