



Student Health Services

General Consent for Care and Treatment

Purpose:

This form provides general consent for routine health care services and should be completed prior to any services being rendered.

I, _____,

Hereby authorize Student Health Services at Georgia Perimeter College staff and its representatives to render routine health care to myself.

I understand that routine health care is confidential and voluntary and may involve provider office visits which include history taking, examinations, administration of medications, laboratory tests, and/or minor procedures. I understand that I may discontinue services at any time.

Financial Responsibility

Clients are responsible for all charges incurred by themselves at Georgia Perimeter College. Examples of charges include lab tests, vaccinations, medications and certain procedures.

I verify by my signature below that I have read and understand the above information, and give my permission as stated above.

Signature of Client **Date**

Signature of parent (if patient under 18) **Date**