

HEALTH CENTER SERVICES

Medical Consent Form

Conference participants are eligible to utilize the services of the Fronske Health Center. The health center is an outpatient facility staffed by full-time physicians and nurse practitioners. The health center has lab and x-ray services available, as well as a pharmacy. Summer hours for the health center are 7:30 a.m. to 4:30 p.m., Monday through Friday

If care is needed at the Fronske Health Center, a health information form will be filled out at the center by those persons 18 years and older prior to their being seen by a practitioner. A medical consent form (see below) must be filled out by the parent or guardian of those individuals 17 years of age and younger. This form gives important information regarding your minor child that the doctor may need prior to providing any treatment or medications. **Conference participants 17 years of age and younger will not be treated without this form in hand.**

The health center is not authorized by the Arizona Board of Regents to treat dependents of conference participants; hence, only those persons registered for NAU conference participation will be treated for acute problems or exacerbation of chronic problems that arise while attending their conference.

Note: Fronske does not process insurance claims; payment is due at the time of service.

SUMMER CONFERENCE EMERGENCY MEDICAL CONSENT FORM PARENT OR GUARDIAN OF EACH PARTICIPANT 17 YEARS OF AGE AND UNDER MUST COMPLETE A MEDICAL CONSENT FORM
Parent or guardian must sign this form: a physician's signature is <i>not</i> required. If you require further information, please call the du Bois Center, Office of Conference Services at (928) 523-3321.

I hereby give consent to Fronske Health Center, to the Flagstaff Medical Center, and to any physicians to whom the Fronske Health Center medical staff may refer my son/my daughter for the purpose of carrying out whatever medical treatment or minor surgery they may deem necessary for the health and/or welfare of my son/my daughter during the time the conference is on campus. It is also understood that no major surgery will be performed on my son/my daughter without my further specific consent, except in the case of extreme urgency, when the delay in obtaining such consent would constitute a serious risk of life to my son/ my daughter. In such case, life-sustaining support would be given.

Name of Conference /Camp ↑	Dates of Attendance ↑
Name of person for whom consent is given (Please Print) ↑	
Birthdate ↑	Social Security Number ↑
Medical Insurer ↑	Policy Number ↑
Signature of Parent or Guardian ↑	Date ↑
Person to Contact in Case of Emergency (please print) ↑	Home Number (area code / phone number) ↑
Address ↑	Work Phone (area code / phone number) ↑
Please list all medical information which may be important for us to know concerning your son/daughter/ward; i.e., drug allergies, chronic health problems, continuing medications, etc.	