



## SAN MARCOS ACADEMY

### AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any official representative of San Marcos Academy (SMA) to admit or to sign documents necessary for the admission of the individual named below to any medical hospital, mental health facility or emergency care unit when deemed necessary by Academy personnel. I understand that this information will be kept confidential and will be given to others at SMA only when needed for the care of my child. I also authorize the administration of immunizations, TB skin tests, medical/drug tests and/or any non-emergency, routine doctor visits that may be recommended by the Academy physician or personnel.

I further understand that if medical or mental health attention should become necessary for the health and well-being of the student, that I, the parent or guardian, am solely responsible for payment of these items. I further authorize San Marcos Academy to provide my health insurance information to any health care provider or insurer in connection with obtaining payment for services. If my insurance is declined for any reason or authorization is not granted, the Academy will issue payment directly to such provider and bill my Academy account plus a 10% service charge per transaction.

\_\_\_\_\_  
**Print: Name of Student**

\_\_\_\_\_  
**Student's Date of Birth**

\_\_\_\_\_  
**Print: Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**