



BOSTON UNIVERSITY
VISUAL ARTS SUMMER INSTITUTE
www.bu.edu/cfa/vasi

TREATMENT CONSENT FORM

Dear Parent and Student:

In order to be examined and treated in the Student Health Services, Visual Arts Summer Institute students and their parents must agree to the conditions set forth below prior to the student's arrival on campus.

1. Services within the clinic will be provided for a \$25 per visit fee. This fee is not an insurance premium; it will only cover services rendered at the Student Health Services.
2. All medical costs incurred outside the clinic (including but not limited to ambulance charges, pharmacy costs, hospital emergency room visits, x-rays, laboratory tests, etc.) are the financial responsibility of the parent.
3. When, in the judgment of the physician, a condition exists which should be reported to the parent or guardian of a minor child (under age 18), the student will be advised and the parent will be notified.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at or participation in the Boston University Visual Arts Summer Institute. I give my consent and authorization to the Visual Arts Director or her designee to use her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

Date: _____

Signature or Parent/Guardian: _____

Relationship to student: _____

Student's name: _____