

**Exhibit A**

WILLIAM PATERSON UNIVERSITY  
MEDICAL TREATMENT AUTHORIZATION FORM

I hereby authorize a licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent,

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Daughter/son/dependent's	First Name	Last Name	Date of birth
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I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the Program activities/camp.

Child's physical or emotional health conditions that the clinician should be aware of:

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Allergies, recurring illnesses, disabilities, chronic illnesses, etc.:

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medications

Date of most recent tetanus immunization:

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(If more than ten years ago, a booster shot is recommended.)

Also, Please disclose if your child has not had all required immunizations required by the State of New Jersey for a child his or her age

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In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records, medical, psychiatric or **HIPAA** related document necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does not pay for such services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement.

I also authorize William Paterson University to receive medical/billing information and submit it to the University's insurance carrier, if applicable.

I understand that I have the right to revoke this authorization, in writing, at any time by sending or delivering such written notification to the Vice President of Student Development, William Paterson University. However, my revocation will not be effective to the extent that any treatment has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

