

Texas Woman's University - Student Health Services
Information for Participants in University Affiliated Programs

Location:

The TWU Student Health Service Clinic is located at 305 Administration Drive (lower level of Hubbard Hall). Its mission is to provide quality primary and preventative health care to the students of Texas Woman's University. Two family nurse practitioners and two board certified medical doctors make up the medical provider staff at Student Health Services. Clinic hours are Monday through Friday from 8:00 a.m. until 5:00 p.m. The main phone number is 940-898-3826.

Fees:

A fee is charged for office visits as well as other services rendered during the visit. The current office visit charge is \$35.00 for non-TWU students. Additional charges for laboratory tests, medications, treatments, and supplies may be applied to the cost of the visit. Prescriptions written by a provider can be filled at the clinic's pharmacy or at any off campus private pharmacy. Payment is required at the time of service and extension of credit is not permitted. Payment can be made by cash, check, or credit card (Visa or Master Card). TWU Student Health Services cannot file insurance claims.

Hospitals:

The nearest full-service hospital is Presbyterian Hospital of Denton (Denton Community Hospital), located at 3001 N. I-35. The phone number is 940-898-7000.

Other hospitals in Denton include:

Denton Regional Medical Center
3535 N. I-35
940-384-3535

North Texas Hospital
2801 S. Mayhill Rd.
940-220-0600

Participant Information:

Participants of University affiliated programs, workshops, and camps are eligible for services through the duration of their program. **Minor persons participating in University affiliated programs must present a completed minor consent form signed by a parent or guardian prior to receiving medical services.** (Forms will be given to camp directors by the Director of Conference Services prior to camp start date; completed forms are to be submitted to Conference Services upon arrival for start of camp.)

Texas Woman's University
MEDICAL/LIABILITY RELEASE

I hereby and fully release and hold harmless the Texas Woman's University, its officers, regents, employees, and agents from any and all liability resulting from or as a consequence of any illness and/or injury to me/my child which may be suffered during **the SW Brethren** held on **June 11-13, 2010**.

Further, I hereby give my consent for the **SW Brethren** to seek and obtain appropriate emergency medical treatment for me/my child and agree to hold harmless from loss, the Texas Woman's University, its officers, regents, and employees and any such personnel or agents of the treating medical facility whether it be the Texas Woman's University of any other external facility, which may provide emergency medical care.

If my child is the participant and medical treatment is called for, I consent to allow a representative of the **SW Brethren** to transport me/my child to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat my child if admitted by a valid representative of the organization.

I understand that I am responsible for payment of all expenses incurred related to my own or my child's medical treatment.

My medical insurance provider is _____

Policy Number _____

PARTICIPANT:

Name (please print) _____ Date of Birth _____

Address _____ Home Phone _____

City/State _____ Zip _____

PARENT OR GUARDIAN (Required if Participant is Under 18 Years of Age):

Name (please print) _____ Relation to minor _____

Address _____ Home Phone _____

City/State _____ Zip _____

Home Phone () _____ Work or Mobile Number () _____

Signature _____ Date _____