

Consent to Medical and Surgical Procedures

I, _____, consent to any treatments/procedures that may be performed during this visit, including emergency treatment or services, and which may include but are not limited to laboratory procedures, medical and surgical treatment or procedures, or services rendered for the patient under the general and special instructions of the patient's physician or other healthcare provider.

I do hereby release and hold harmless Nicholls State University, its Board of Trustees, University Health Services, and all of their agents in the case of any injury resulting from treatment. I understand that physical harm may occur to me as a result of treatment, possibly even death.

I accept and assume all risk of harm that may result from treatment. I further waive any right that I may have to sue Nicholls State University, its Board of Trustees, University Health Services, and all of their agents for any harm or injury that the above described procedure may cause.

Signature

Date

Witness

Witness