

# Community Health Care Supplemental School Based Health Center Consent for Services Form

\_\_\_\_\_

**Full Name of Student**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**School**

\_\_\_\_\_

**Grade**

The school-based health center (SBHC) is a Community Health Care (CHC) clinic. If I enroll my child at the SBHC, he or she becomes a registered patient with CHC and may access services at any CHC clinic. I understand that the SBHC Medical Provider may be my child's designated primary care provider. If my child is not enrolled at the SBHC, they can continue to receive school nurse services.

Services at the SBHC may include, but are not limited to: vaccinations, annual well-child checks, sports physicals, evaluation and treatment of illnesses and injuries, treatment of chronic conditions, medicine, dental care, vision screening, mental/behavioral health care, health screenings/counseling/education, and/or referrals to other healthcare specialists. Additional comprehensive services may be found at other CHC clinics. A full list of CHC locations can be found at [www.commhealth.org](http://www.commhealth.org).

**By marking yes I consent to the following services:**

- Yes!** I consent for my child to receive **medical care** including behavioral health services through the CHC School Based Health Center.
  
- Yes!** I consent for my child to receive **dental care** through the CHC School Based Health Center. Examples: fillings, extractions, space maintainers, cleanings, x-rays, sealants, fluoride application.

**Medicines/Vaccines:**

I permit SBHC providers to administer over-the-counter medications (such as Tylenol) to my child. I understand that SBHC providers will contact me to obtain specific verbal consent before administering a prescription medication to my child. **Please note: all required and recommended vaccinations will be given unless otherwise specified by the parent or guardian.**

\_\_\_\_\_ (initial) I do NOT want CHC to give my child any over-the-counter medicine without specific verbal consent from a parent/guardian.

\_\_\_\_\_ (initial) I do NOT consent to SBHC staff giving vaccines to my child.

**Appointments:**

I understand that a parent/guardian can make appointments for my child at the SBHC. I can choose whether or not to be present during these appointments. If I am not present, authorization is given for my child to receive services in my absence. The SBHC providers will contact me via phone for verbal permission to provide treatment when it is not an emergency. If my child has a medical emergency, CHC SBHC providers will treat per Washington state law or call 911.

**Text Communications:**

Students and/or parent/guardian can text the clinic to make an initial appointment. I permit CHC to communicate with me/my child via unencrypted text message for the sole purpose of scheduling and confirming appointments. CHC will never discuss or disclose any personal health information with me/my child via unencrypted text. Once

my child is enrolled as a CHC patient, I/they can communicate with their provider through a free, encrypted text-messaging app.

### Release of Information

I hereby allow the SBHC to disclose to the Bethel School District whether my middle or high school student is present at any given time at the SBHC. The purpose of this disclosure is so that my student's school can account for my student's unescorted travel between the school and the SBHC, permission for which may be allowed or withheld by the District in its sole discretion. Disclosure of this information by the SBHC to the District will NOT include protected health information regarding my student. (Note: Elementary students will be escorted when traveling between the school and the SBHC).

I also authorize CHC to release medical records to my child's other health care providers as needed to assist in the treatment and/or continuity of care for my child. These records may include but are not limited to the following: immunization records, results of sports physicals, medical and behavioral health conditions, medications, and treatment plans. The medical and mental health providers from the CHC SBHC may participate in my child's school success or attendance teams if needed. I also authorize my child's other health care providers to release information to the CHC SBHC staff members as needed.

**By signing this consent, I confirm I am the parent/legal guardian of the student listed above and am authorized to give this consent. This consent will be in effect for one year from this date.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Preferred phone number of guardian for urgent daytime contact: \_\_\_\_\_

### IMPORTANT ADDITIONAL INFORMATION

In accordance with state and/or federal law, when consent is provided for care, healthcare information is kept confidential. A few exceptions exist. For example:

- When permission is given by the patient through a signed release of information.
- When the patient indicates risk of imminent harm to self or others.
- When the patient has a life-threatening health problem and is under 18 years old.
- When there is reason to suspect abuse or neglect.
- Certain communicable diseases must be reported to public health authorities

Community Health Care School-Based Health Centers encourage each student to involve their parents or guardians in health care decisions whenever possible. Under Washington State law, youth may independently access reproductive health care at any age without parent/guardian consent. Also, starting at age 13, youth may independently receive drug and alcohol cessation services and mental health counseling without parent/guardian consent. Starting at age 14, youth may independently receive testing and/or treatment for HIV and STIs. Because youth may independently receive this care, their consent is legally required for release of information about pregnancy and sexually transmitted infections. Consent from students age 13 and over and parent/guardian consent for students age 12 and under is legally required for release of information about alcohol and drug or mental health counseling. RCW 26.28.010, RCW 7.70.050(4), RCW 70.24.110, RCW 9.02.100(1), RCW 71.34.530, RCW 71.34.510, RCW 70.96A.230, and RCW 70.96A.096.

**[www.commhealth.org](http://www.commhealth.org)**