SAINTS HEALTH CENTER

Consent Form

Monday-Friday 7:30am-3:30pm
906-643-8500 ext. 138
lmasdhd.org

Student Name (Last Name, First Name, M.I.)	Birth Date	Age	Sex	Grade

Address	City	Zip Code	Text reminder # ☐ Please check box if you give Saints Health Center permission to text appointment reminders.

Race/Ethnicity: □African American □ White □ Hispanic/Latin □ Native American Indian/Alaskan □Asian □Native Hawaiian/Pacific Islander

Parent/Guardian: Last Name	First Name	M.I.	Relationship to Student

Daytime or Work Telephone #	Home Telephone #	Cellular #	Parent Email Address

Name of Emergency Contact	Relationship	Telephone #

Name of Student's Physician/Clinic	Telephone #	Month & Year of Last Well Child/Teen Exam

Name of Student's Dentist	Telephone #	Last Routine Dental Exam

Insurance* **(Please include a copy of the insurance card - front and back; OR bring it in and we will make a copy for you)**

☐ Blue Cross Blue Shield ☐ Medicaid/UPHP ☐ Aetna ☐ Cigna ☐ TRICARE ☐ Other _____ ☐ No Insurance

Policy/Contract #	Group #	To find out if your family is eligible for FREE or low-cost health insurance coverage call toll free 1-888-988-6300. You can also apply online: www.healthcare4mi.com	
Policy Holder Name (Last Name, First Name, M.I.)	Policy Holder Date of Birth		
Address	City	State Zip Code	Relationship to student

As legal parent or guardian I consent to the following statements:

- The above named may receive services at Saints Health Center for their duration of their time at St Ignace Area Schools. Any changes to this consent, including ending the consent, must be submitted in writing to Saints Health Center staff.
- Saints Health Center and my child's primary care provider may exchange health information for continuity of care according to State and Federal laws.
- Saints Health Center may obtain information from St Ignace Area Schools regarding my child's class schedule, for appointment scheduling.
- Saints Health Center may access and view prescription information from Surescripts and Pharmacies
- For the safety of my child, Saints Health Center staff may share with school staff your child's check-in and check-out times at the health center.
- My child's medical and/or mental health records may be chosen, at random, as part of the clinical review process. This is required under the Saints Health Center's Continued Quality Improvement Plan. Records may be reviewed for quality assurance purposes. Records are only reviewed by the Directing Physician or a peer clinician. All reviewers are bound by the same strict confidentiality and HIPAA regulations as our staff.
- I am under no obligation to have my child use clinic services.
- Saints Health Center may disclose protected health information regarding this visit to other entities for continuation of treatment, payment, and health care operations. If required by law, separate release forms will be used at times of service. Billing information will be shared with the providers of care.
- I have been provided with a copy of the Notice of Privacy Practices and Patient Bill of Rights.
- I understand that no patient will be turned away for lack of insurance.
- **Parent/Guardian, clients aged 18 and over, or minor consent is required for services provided, as applicable**.

By signing this consent form, I agree with the above statements. I also certify that I am the parent/legal guardian of the student named above, or I am a student over the age of 18.

Signature of Parent/Guardian _____ **Date:** _____

- Continue on back side…

Student Medical History: **Please check yes or no.**

Bee sting allergies	☐yes	☐no	Seizures (epilepsy)	☐yes	☐no
Anemia	☐yes	☐no	Stomach problems	☐yes	☐no
Seasonal allergies	☐yes	☐no	Heart problems	☐yes	☐no
Asthma	☐yes	☐no	Bladder problems	☐yes	☐no
Diabetes	☐yes	☐no	Cancer	☐yes	☐no
Eczema/rashes	☐yes	☐no	Headaches/migraines	☐yes	☐no
ADD/ADHD	☐yes	☐no	High blood pressure	☐yes	☐no
Sickle cell disease	☐yes	☐no	Fainting	☐yes	☐no
Pounding of heart	☐yes	☐no	Pneumonia	☐yes	☐no
Shortness of breath	☐yes	☐no	Kidney disease	☐yes	☐no
Frequent urination	☐yes	☐no	Painful joints	☐yes	☐no
Nosebleeds	☐yes	☐no	Backaches	☐yes	☐no
Frequent sore throats	☐yes	☐no	Thyroid disease	☐yes	☐no
Psychological disorder	☐yes	☐no			

Daily Meds: _____
Condition for Meds: _____
Medication Allergies: _____
Food Allergies: _____
Past Surgeries: _____
Hospitalizations: _____
Other health problems: _____

Family Medical History

Check any illnesses that relatives (ie: mother, father, aunt, uncle, grandparents or sister, brother) has,
Please note which relative has them

☐ Heart Problems _____	☐ Cancer
☐ Cholesterol	☐ Diabetes (high blood sugar)
☐ High Blood Pressure	☐ Stroke
☐ Asthma/Emphysema/Bronchitis	☐ Seizures
☐ Death under age 50 – Cause:	☐ Kidney or Thyroid Disease
☐ Sickle Cell Anemia/Blood problems	☐ Other

Saints Health Center is a School-Based Health Center services available to all students include:

- Immunizations (including flu shots)
- Concussion baseline & post-accident testing
- Nutrition Counseling
-Asthma, diabetes & weight management, other chronic care interventions
- Pregnancy & STI testing
-Case finding, blood pressure monitoring, case management &/or referrals to other providers
- Acute care for sore throat, ear pain, non-emergent injuries, etc.
- Blood sugar screening
- Counseling services for: Anxiety, depression, anger management, grief & loss, self-esteem, PTSD, academic concerns, family, or relationship issues.

LIMITATION OF SERVICES:

NO family planning, birth control pills or contraception devices will be dispensed or prescribed.
NO abortion counseling, referrals or services are provided.

Can we help? Does your family have immediate needs for assistance?

___ **Health Insurance for my child (to find out if your family is eligible for free or low cost insurance call 1-888-988-6300 or visit www.healthcare4mi.com)**
____ **Housing** ____ **Food** **Other:** _____

This information is confidential and will only be shared with appropriate resources with your consent.

These materials were developed with funds allocated by the Michigan Department of Health and Human Services and The Michigan Department of Community Health.