



**COPPER ISLAND ACADEMY SCHOOL WELLNESS PROGRAM
PARENT/GUARDIAN CONSENT FORM CLINICAL SERVICES**

All services are provided in compliance with Federal, Michigan and Michigan Minor Consent Laws

Student Name (Last, First, Middle Initial)			
Date of Birth:	Gender:	Age:	Grade:
Race/Ethnicity:	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Home Address:			
Parent/Guardian Name(s):			
Parent/Guardian Phone Number(s):			
Email Address:			
Primary Care Provider Name/Phone Number:			

Insurance Company		
ID #	Policy/Group #	Name of Insured:
Date of Birth of Insured:	Insured Relationship to Student:	

Please read the following statements and be sure that you understand each as written:

I give consent for my child to receive services at the Copper Island Academy School Wellness Program by the Registered Nurse (RN) and Behavioral Health Practitioner upon request. Services include, but are not limited to: *Screening/nursing assessments, case finding, immunization assessment (review of record), first aid for minor injuries, chronic care intervention, hearing and vision screening, blood pressure monitoring, case management, dispensing over the counter (OTC) medications under medical director standing orders, administration of prescribed medications with a doctor's order, and/or referral to other needed primary care and specialty medical services, and behavioral health services upon referral.*

I understand that Parental Consent is NOT needed for crisis intervention or emergency care.

I understand that the School Wellness Program Staff will attempt to contact me by phone should my child receive services. I further understand that staff will use their judgement (example: sending a note home with my child verse a phone call for a band-aid) unless otherwise indicated to staff.

I understand that the Copper Island Academy School Wellness Program may exchange health information as necessary with Copper Island Academy teachers and staff.

I understand that a confidential risk assessment survey will be given to all participating students and/or parents/legal guardians.



I understand that Michigan State Law allows certain confidential services for students that meet criteria (see below).

I understand this consent remains active throughout my child's school career unless I withdraw it by submitting a Withdrawal of Consent Form, or my child reaches the age of eighteen (18).

I understand that a copy of Upper Great Lakes Family Health Center's Notice of Privacy Practices is available at www.uglhealth.org or paper copy upon request.

I understand that a copy of Upper Great Lakes Family Health Center's Sliding Fee Program information is available at www.uglhealth.org or paper copy upon request.

LIMITATION OF SERVICES:

- Family Planning services are not offered in this program. No birth control pills or devices are dispensed or prescribed. No abortion counseling, services, or referrals are provided.

ADDITIONAL CONSENT:

- I consent and understand that Copper Island Academy School Wellness Staff and my child's primary care provider may exchange health information for continuity of care. My signature authorizes consent for the School Wellness Program Staff to communicate to my child's primary care provider should it be necessary.

By signing this consent form, I certify that I have read and understand the information provided and that I am the parent/legal guardian of the student named above, and I am registered with the school as such.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Michigan State Law allows for Confidential Services to Minors in these areas:

For students twelve (12) years of age or older:

- Pregnancy testing and referrals
- Sexually transmitted disease screenings, testing, treatment, and counseling
- HIV screening, testing, and referrals for treatment

Please note: Although the School Wellness Program does not provide pregnancy testing, STD, or HIV Testing, by Michigan State Law, students can access these services confidentially, at these ages, at any other outside clinic.

For students fourteen (14) years of age or older:

- Any mental health assessment, counseling and/or referrals