



Lake Linden-Hubbell School-Based Health Center
 601 Calumet Street, Lake Linden, MI 49945 (906) 296-6221



**Lake Linden-Hubbell School-Based Health Center
 Parent/Guardian Consent for Services Form**

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

Student Name (last, first, middle initial):			Date of Birth:
Age:	Gender:	Grade:	Phone Number:
Home Address:			
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"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latin			
Parent(s)/Guardian(s) Name:			Phone Number:
Primary Care Provider:			Phone Number:
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Other:			
Policy/ID #	Subscriber Name/Relationship to Student:		Subscriber Date of Birth:

Daily Medications: Please list any medications the student takes regularly

Name of Medicine	Dose (mg)	Frequency	Name of Medicine	Dose (mg)	Frequency
1.			3.		
2.			4.		

Allergies to Medications:

Student Health History: Please X the YES column if any of these conditions apply.

Condition:	YES	Condition:	YES	Condition:	YES	Other Conditions:
Bee Sting Allergies		Seizure/Epilepsy		ADD/ADHD		
Food Allergies		Anemia		High Blood Pressure		
Seasonal Allergies		Stomach Problems		Fainting		
Do you carry an Epi-Pen?		Heart Problems		Shortness of Breath		
Asthma		Bladder Problems		Frequent Urination		
Diabetes		Skin Disorders		Blood Disorders		

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

I give consent for my child to participate in and receive treatment from an Upper Great Lakes Family Health Center medical provider through the Lake Linden-Hubbell School-Based Health Center as indicated below in this document, with or without my presence.

I understand that as an entity of Upper Great Lakes Family Health Center, the School-Based Health Center participates in and recognizes the rules of the Health Information Portability and Accountability Act (HIPAA). I acknowledge 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 give consent to the School-Based Health Center to release information regarding treatment to other medical or mental health providers when necessary for coordination of care, or to third party payers or others for purposes of receiving payment for services. I further authorize both the School-Based Health Center and my child's primary care provider to exchange health care information for the purpose of continuity and

coordination of care. I give permission to the School-Based Health Center to obtain a copy of my child's immunization record from MCIR, the school office or the local health department and make updates as needed.

I understand that the School-Based Health Center may conduct services via telehealth on an as needed basis depending upon availability. By signing this consent form, you are giving the School-Based Health Center permission for your child to participate in telehealth services with a School Based Health Center provider regarding a medical or behavioral health condition on an as needed basis with the understanding that this information will continue to be treated in a confidential manner.

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

I understand that parental consent is NOT needed for crisis intervention and/or emergencies.

By signing this consent, I certify that I am the legal guardian of the above-listed patient.

Consent for Health Services/Treatment

By signing below, you consent for your child to receive the necessary and/or advisable School-Based Health Services listed below:

Parental consent is required for the following services for any student under 18 years of age:

- Screening/nursing assessments
- First-Aid for minor injuries
- Physical exams for school, sports, and camps
- Treatment for acute and chronic illness and injuries
- Vision/hearing screenings and follow-up
- Immunizations
- Basic laboratory services and tests
- Administration of medication
- Mental Health Services
- Referrals for specialty services

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

Please note students can access these services confidentially, at these ages, at any outside clinic.

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

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

- Any mental health assessment, counseling and/or referrals

Family Planning services are NOT offered at the School-Based Health Center. No birth control, pills, devices are dispensed or prescribed. No abortion counseling services, or referrals are provided.

Agreement of Financial Responsibility

Some School-Based Health Services are provided at no cost to families whether or not a student has insurance or the ability to pay. You may get a bill for some services if not covered by insurance. If applicable, Upper Great Lakes Family Health Center will bill your child's insurance carrier(s) for charges and fees covered by your child's insurance plan. I acknowledge that I have been offered information on Upper Great Lakes Family Health Center's **Sliding Fee Program**.

Patient/Parent/Guardian Printed Name

Patient/Parent/Guardian Signature

Date