

School Site: _____

Classroom: _____

PARENTAL CONSENT FOR TREATMENT AT RRHC SCHOOL-BASED COMMUNITY HEALTH CENTER SERVICES

FOR GRADES 7 THROUGH 12

Name of Child: _____ Date of Birth: _____

Adult(s) Providing Consent: _____ Relation to Child: _____

•With my signature below, I authorize Redwoods Rural Health Center (RRHC) to provide diagnosis and/or treatment of medical and/or dental conditions for the above-named child through the Southern Humboldt Unified School District School-based Community Health Center. I understand that this consent form will be valid for the 2019-2020 school year or until I provide the Center staff with written directions otherwise.

•I understand that Redwoods Rural Health Center will provide only those services that I have authorized by initialing below:

_____ Sports Physical

_____ Well Child Exam

_____ Care for acute or chronic illness/injury

_____ Diagnostic Lab tests

_____ Immunizations

_____ Dental Exam, including x-rays

_____ Preventive Dental Services

_____ Dental Fluoride Varnish

_____ Dental Restorative Services

_____ Extraction of Primary Teeth

_____ Individual Counseling

**The staff will encourage every student to involve his/her parent/guardian in health care decisions. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians.

•I understand that School-based Community Health Center services are scheduled during school hours. I have checked **ONE** box below to indicate whether or not I want to be present when my child is seen.

I want to be present at **ALL** of my child's:

Medical appointments

Dental appointments

I want to be present **ONLY** at my child's appointments for:

Diagnostic lab tests, ie: blood draws (Med) Immunizations (Med) Extractions (Dntl) Restorative services (Dntl)

I **DO NOT NEED TO BE** present at my child's:

Medical appointments

Dental appointments

If you have requested to be present, we will call you with dates and times of your child's appointments. Please provide the best contact information below:

Daytime phone number(s): _____

•My child's Primary Care Provider is: _____

•Confidentiality between the student, parents and the health center is assured. I understand there is a copy of the Notice of Privacy Practices of Redwoods Rural Health Center is available at the School-based Clinic, RRHC and on-line at www.rrhc.org. Certain types of information may be shared with other health care providers, public agencies and payors, as a part of our health care operations. I understand that I have the right to request that specific information not be shared, and that I should request more information if I have questions or concerns.

•When available, insurance or Medicaid will be billed. You must present your current Insurance or Medi-Cal card.

•I am the legal guardian of the above named child. I understand that if guardianship changes a new consent must be signed by the legal guardian. I also understand that by providing an alternative contact, if I cannot be reached, healthcare information regarding the above named child will be shared between the healthcare provider and the alternative contact.

Alternative Contact: _____ Phone: _____

•I certify, under penalty of perjury, that the information provided is true and correct to the best of my knowledge.

Signature of Parent or Legal Guardian: _____ Date: _____

School Site: _____

Classroom: _____

RRHC School-based Health Center services planned for the 2019-2020 school year:

Medical Clinic at South Fork High School/Miranda Jr. High -

The SFHS/MJH School-based Medical Clinic offers appointments to students and staff. Services include physicals, immunizations, treatment of minor illness and injury, pregnancy tests, sexually transmitted disease testing and treatment, family planning exams, and prescriptions.

Dental Services through the RRHC Mobile Dental Van –

Utilizing Redwoods Rural Health Center’s state of the art Dental Van RRHC will offer exams, cleanings, fluoride varnish, sealants and the full scope of restorative dental services to all schools in the Southern Humboldt Unified School District. School sites may be served when there are a minimum of 15 students seeking services, so sign your child up today! Service details are listed below.

- **Dental Exam:** including x-rays
 - **Preventive Services:** tooth cleaning, oral hygiene instruction, sealants
 - **Fluoride Varnish:** applied to the full mouth
 - **Restorative Services:** fillings (Anesthesia is used)
 - **Extraction of Primary Teeth:** Removal of primary (baby) teeth that cannot be restored through other treatments (Anesthesia may be used for this procedure)
- *If **extraction of permanent teeth** is recommended, a separate consent form will be required.

Friendship Groups –

RRHC will offer Friendship Groups will be offered to elementary classrooms throughout the SHUSD. These are fun groups that cover a variety of topics including social skills and understanding and dealing with emotions.

Counseling –

Individual counseling, to help with any behavioral challenges or stressors that your family or your child may be dealing with is available for students, parents and/or families on campus (or off-site if you feel more comfortable).

Billing for School-based Services–

- No student will be denied access to health care services due to inability to pay. As in any health center, there may be a charge depending on the service provided.
- RRHC will bill health insurance for services offered at School-based Health Centers. Services may have a co-pay or fee, as at the main RRHC location in Redway.
- If uninsured, please contact a RRHC eligibility assistor to obtain insurance enrollment assistance.
- RRHC offers an income-based sliding discount for co-pays, co-insurance and deductibles.

*****FOR ADDITIONAL INFORMATION ON SCHOOL-BASED SERVICES PLEASE CONTACT RRHC MEDICAL 923-2783 OR DENTAL 923-4313**

Additional health education services offered by RRHC on SHUSD sites include:

- **Nutrition education** – Nutrition Education with food demos is offered to all elementary classes, as well as 7th, 9th, and 12th grades at MJH/SFHS. Individual nutrition counseling is available upon request.
- **Dental education** - Information for patients of all ages on how to prevent cavities from forming and how to stay cavity free for life. Available to any school site/classroom that asks!
- **ACEs Classroom Presentations** - Social Skills presentations to TK – 3rd grade classes.

*****The additional services above are educational only and do not require signed consent or fees.**