School Site:	Classroom:
PARENTAL CONSENT FOR TREATMENT	AT RRHC SCHOOL-BASED COMMUNITY HEALTH CENTER SERVICES
Ĩ	or Grades TK through 6
Name of Child:	Date of Birth:
Adult(s) Providing Consent:	Relation to Child:
and/or dental conditions for the above-named child t	al Health Center (RRHC) to provide diagnosis and/or treatment of medical nrough the Southern Humboldt Unified School District School-based ent form will be valid for the 2019-2020 school year or until I provide the
•I understand that Redwoods Rural Health Center w	Il provide only those services that I have authorized by initialing below
Dental Exam, including x-rays	Extraction of Primary Teeth
Preventive Dental Services	Friendship Group
Dental Fluoride Varnish	Individual Counseling
Dental Restorative Services	
**The staff will encourage every student to involve hi requires the student's signed consent prior to disclose	s/her parent/guardian in health care decisions. By law, some information ire to anyone, including parents/guardians.
•I understand that School-based Community Health C below to indicate whether or not I want to be present	enter services are scheduled during school hours. I have checked <b>ONE</b> box when my child is seen.
I want to be present at ALL of my child's:	
🗌 Dental appointr	nents Counseling appointments
I want to be present ONLY at my child's appointments	for:
Extractions (Dent	al) Restorative services (Dental)
I DO NOT NEED TO BE present at my child's:	
Dental appointr	nents Counseling appointments
If you have requested to be present, we will call you w contact information below:	vith dates and times of your child's appointments. Please provide the best
Daytime phone number(s):	
•My child's Primary Care Provider is:	
•Confidentiality between the student, parents and the Practices of Redwoods Rural Health Center is available of information may be shared with other health care	e health center is assured. I understand there is a copy of the Notice of Privacy e at the School-based Clinic, RRHC and on-line at <u>www.rrhc.org</u> . Certain types providers, public agencies and payors, as a part of our health care operations. I ic information not be shared, and that I should request more information if I
•When available, insurance or Medicaid will be billed.	You must present your current Insurance or Medi-Cal card.
	nderstand that if guardianship changes a new consent must be signed by the alternative contact, if I cannot be reached, healthcare information regarding althcare provider and the alternative contact.
Alternative Contact:	Phone:
•I certify, under penalty of perjury, that the informati	on provided is true and correct to the best of my knowledge.
Signature of Parent or Legal Guardian:	Date:

RRHC SHUSD School Based Consent
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# 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 -

Through the RRHC ACEs Project, Friendship Groups will be offered to  $TK - 3^{rd}$  Grade 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 7<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> 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 3<sup>rd</sup> grade classes.

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