Parents' Consent Form

CONSENT TO RECEIVE SERVICES PROVIDED BY THE SCHOOL SITE HEALTH CENTER PROGRAM

Please complete both the permission and insurance information section of this form. Only services that would normally be charged for at a clinic will be billed to the family. If possible, parents will be contacted before billable services are delivered. The center will bill insurance companies upon request. Uninsured students may be billed for services according to their ability to pay. Please return the completed consent form to the school office.

Student's Name _____ Grade _____
first middle initial last

Date of Birth _____ Gender (F – M) circle one Students Social Security Number _____

Parent's Work Phone _____ Home Phone _____

Mailing Address:

_____
route or box number town state zip

FINANCIAL INFORMATION: (Please check the appropriate box below)

□ Medicaid # __-_____-_____ □ Mountain State BC&BS

□ Tricare # _____ □ Self (Private Pay)

□ PEIA # _____ □ Parents' Insurance Policy # _____

□ CHIPS

Covered employee or financially responsible person _____
Employee's Social Security Number _____
Employer _____
Family Health Care Provider _____

The student named above may receive services provided by the School Health Center. The School Health Center may release information regarding treatment to third party payers for purposes of billing, and to my child's regular health care provider. Information may also be released to comply with statute or regulation on a strictly confidential basis in accordance with acceptable medical practice. I hereby authorize my insurer to mail payment directly to the School Health Center for any covered health care services.

_____ _____
Date Signature of Parent or Guardian

Please note whether student has any allergies to medicines or other important medical information.

_____

_____