

SCHOOL-BASED HEALTH PROGRAM CONSENT FOR TREATMENT AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Wellston City School District (“District”) and Adena Health System (“AHS”) are partnering to offer a school-based health program to District students (the “Program”). The goal of the Program is to help improve the health and well-being of students so that they can be successful in school. The purpose of the Program is to provide quality healthcare in a friendly and familiar school setting at a time that is convenient to the student and family. Although we are happy to fill the need of a Primary Care Provider, you are not required to transfer your care to AHS prior to or after being seen. The District will still provide school nursing and emergency services as always whether you consent to participate in this program or not.

Patient / Student Information:

_____		_____	
Patient/Student, First and Last Name		Parent/Legal Guardian, First and Last Name	

Street Address	City	State	Zip Code

Phone Number	Date of Birth (Month-Day-Year)	School & Grade Level	

Primary Care Provider		Primary Care Provider’s Phone Number	

Primary Care Provider’s Street Address	City	State	Zip Code

Consent for Medical Care/Treatment:

I wish to have ALL applicable services / treatments available for the above referenced patient/student.			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, make selections of services/treatments you do consent to have available below)			
	Care and treatment for any injury/illness		Pregnancy Testing
	Mental/Behavioral Health Treatment		Birth Control
	Physical Examinations / well-child (i.e. sports, work, school) Note: Well-child includes vision and hearing screening, urine and blood tests, and an external genital exam when appropriate		

Consent for Vaccinations:

I wish to have ALL vaccines available for the above referenced patient/student.			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, make selections of vaccines you do consent to have available below)			
	Required Vaccines* for School Attendance in Ohio		Recommended Vaccines* but not required by the Ohio Department of Health
	DTaP / Tdap / Td		Influenza (flu)
	Meningococcal / Men B		Human Papilloma Virus (HPV)
	Measles Mumps Rubella (MMR)		Hepatitis A

