



SCHOOL-BASED SUPPLEMENTAL HEALTH SERVICES CONSENT FORM

School Name: _____

PLEASE COMPLETE ALL OF THE INFORMATION BELOW- Please print using ink (incomplete forms will not be accepted)

FIRST NAME (of student) _____ LAST NAME (of student) _____

Gender: Male Female Birthdate: (assigned at birth) (mo/day/yr) Age _____ Grade _____

Preferred Pronouns: (he/she/they) _____ Preferred Language: _____ Address _____

Home Phone # _____ Cell Phone # _____ City _____ Zip Code _____ State _____

Do you have a primary doctor? YES (list below) NO Pharmacy Name: _____

Doctor's Name: _____ Phone #: _____ Address: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____ Phone #: _____ Relationship to Student: _____

REQUIRED INSURANCE INFORMATION (MUST CHECK AN APPROPRIATE BOX)

Insurance Name: _____

Insurance Address: _____

Subscriber Name/ID # _____ Subscriber DOB: _____

MMIS: _____ Group #: _____

NONE, please connect me to Children's Financial Counselor

All services provided are billed to insurance. If you do not have insurance, Children's will connect you to financial assistance. No child is denied services for inability to pay.

STUDENT HEALTH HISTORY

Allergies: YES (list below) NO

Medications: YES (list below) NO

Other medical problems/health concerns: YES (list below) NO

CONSENT FOR SCHOOL BASED HEALTH CENTER SERVICES

By signing below, I have read and understand the supplemental CDC Vaccine Information Sheets and my signature provides consent for my child to receive the designated vaccines as indicated on this form. I further agree that I will promptly inform the School-Based Health Center in writing of any changes in my child's physical or dental health and any change in the custody of my child which affects my ability to provide this consent on behalf of my child.

NOTE: in some situations Ohio law permits a minor to consent to medical care without parental consent. For example, parental consent is not required for contraception, pregnancy testing, and prenatal care; sexually transmitted disease testing and diagnosis; HIV testing; treatment of drug and alcohol related conditions; and certain outpatient mental health services. Further, parental consent is not required for the application of first aid treatment or in an emergency.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____ Time _____

Printed Name of Witness #1 to Signature if Verbal Consent (health care personnel only) _____

Signature of Witness #1 _____ Date _____ Time _____

Printed Name of Witness #2 to Signature if Verbal Consent (health care personnel only) _____

Signature of Witness #2 _____ Date _____ Time _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I have read and understand the release of health information on the Appendix Page of this form. My signature indicates my consent to release medical information of the student named above to my student's School District. This authorization is valid as long as my child is a student at the School unless revoked by me in writing to Children's.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____ Time _____

Printed Name of Witness #1 to Signature if Verbal Consent (health care personnel only) _____

Signature of Witness #1 _____ Date _____ Time _____

Printed Name of Witness #2 to Signature if Verbal Consent (health care personnel only) _____

Signature of Witness #2 _____ Date _____ Time _____





SCHOOL-BASED SUPPLEMENTAL HEALTH SERVICES CONSENT FORM

SCHOOL-BASED HEALTH CENTER SERVICES

Throughout this document the use of the term "I" will refer to "I and/or my parents or guardians". The use of the term "me" "myself" or "my" shall refer to the student. The use of "Children's" will refer to Akron Children's Hospital, its physicians, nurses, other health care providers, employees, attending physicians and other physicians, and their assistants or designees.

I and/or my parent(s) or guardian(s) consent to let the physicians, nurses, other health care providers, and employees of Akron Children's Hospital, attending physicians and other physicians, or any of their assistants or designees, do all things that may be needed to diagnose, treat and care for the needs of the above-referenced student. Children's is a teaching hospital and I understand and agree that people who are in training, including, but not limited to, fellows, residents, and students, may assist or participate in my care. I understand and agree that Children's may take photos, video, or audio recording of me and use them for clinical, internal education purposes, legal purposes and quality improvement purposes. I understand and agree that Children's may at its discretion provide certain services to me by remote means called "telehealth". Children's may keep, preserve and use, or properly dispose of any tissue, samples, parts or organs that are taken during operation(s) or procedure(s). I understand that the practice of medicine is not an exact science and that no guarantees have been made about the results of my examination or treatment at Children's.

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS: I agree to pay all bills for my care, including bills that insurance benefits do not pay. This includes bills for Children's, physicians, or other entities that provided services during my care. I authorize Children's to bill my insurance carrier and request that payments be made directly to Children's. I assign to Children's, my physicians, and other healthcare professionals involved in my care, all of my rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, Tricare, any other program for which benefits may be available to pay Children's for the services provided to me, or other payments or Judgements. If I choose to pay for certain services out of pocket and exercise my right to limit disclosure of the information to my payer regarding those services, I understand that a financial agreement will be established. I agree to cooperate and provide complete and accurate information as needed to establish my eligibility for such benefits.

PATIENT RIGHTS/PRIVACY INFORMATION: I understand I have the right to take part in decisions about my healthcare and plan for treatment. I have received, read, or had explained to me, and acknowledge receipt of the following documents and/or information, and all my questions have been answered.

Patient Rights and Responsibilities
Complaint/Grievance Procedure
Health Information Exchange
Brochure HIPAA Notice of Privacy Practices

Advance Directive Information (Patients 18 years and older)
Free Hospital Care Information
"An Important Message from Medicare" (Medicare patients)
"An Important Message from Tricare" (Tricare patients)

AUTHORIZATION TO COMMUNICATE: I understand that Children's uses various communication methods including voice calls, computerized calls, computerized text message, email, fax, auto-dialed calls, and pre-recorded messaging for the purposes of sharing clinical/medical results, scheduling appointments, sending appointment reminders, obtaining patient feedback, and communicating/discussing financial responsibilities. By signing this form, I am granting permission to Children's to use all phone numbers and email addresses that I have supplied to contact me regarding this current visit and any future visits. I will be given the opportunity to opt out of future text, email, or phone communications at any time. I understand that my opting out of future text, email or phone communications will not affect, directly or indirectly, my right to receive health care services from Children's.

ALL PATIENTS COVERED BY MEDICAID: I was asked whether any insurance other than Medicaid may cover services provided by Children's. If there is other insurance coverage, I gave that information to Children's.

Privacy Practices

Children's Notice of Privacy Practices is available upon request at any School District building where services are provided. You can also view the Notice of Privacy Practices online at <https://www.akronchildrens.org/pages/Privacy-Policy.html>. Children's Notice of Privacy Practices describes how Children's may use and disclose you/your child's health information and how you can access you/your child's health information.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

By signing the Authorization For Release of Health Information, you authorize Children's to share you/your child's health information related to the services the School Based Health Center provides to you/your child with the School District, including the School District's nurses, counselors, teachers, and social workers involved in you/your child's care for treatment purposes. Except as provided above and in Children's Notice of Privacy Practices, Children's will not disclose your/your child's health information without your written authorization.

I understand that I do not have to allow release of my child's health information in order for my child to receive treatment, and that I can change my mind at any time and revoke my authorization by writing to the School Based Health Center. However, after a disclosure has been made, I understand that my revocation does not cover information released prior to the revocation. I also understand that health information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by Federal or State privacy law.

Time Period During Which Release of Information is Authorized:

From: Date that form is signed on opposite page

To: Date that student is no longer enrolled in the School

School-Based Health Services

Quick, easy medical care at school

Akron Children's Hospital school nursing staff and pediatric providers see kids and teens for private and confidential medical care at your child's school.

With your permission, your child can receive treatment for minor illnesses like:

- **Cold and flu**
- **Fever**
- **Sore throat**
- **Allergy and sinus issues**
- **Help managing asthma**
- **Pink eye**
- **Rashes and poison ivy**
- **Respiratory infections**

Some schools also offer in-person appointments for:

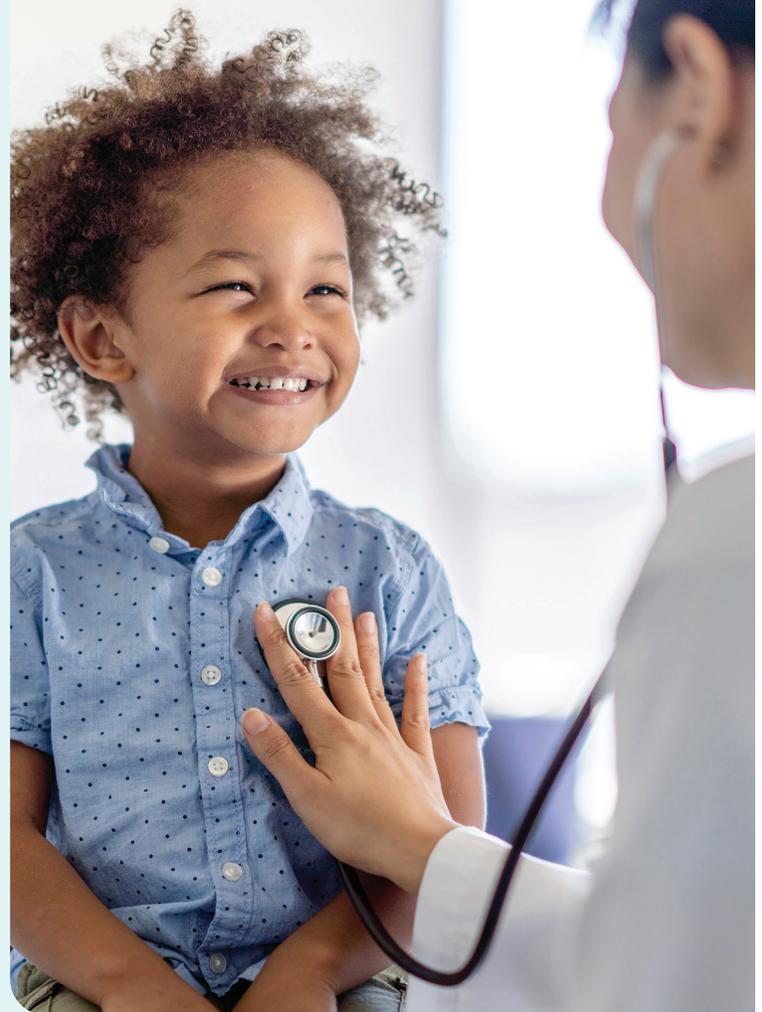
- **Annual well visits**
- **Sports physicals**
- **Vaccines**

Advantages

- **Convenient** – you do not have to leave work or home for your child to receive medical care.
- **Fast** – prescriptions, if needed, are called into your preferred pharmacy.
- **Informative** – care plan and visit details are mailed to your home and are in MyChart (activation required).
- **Affordable** – we care for any child in need. If you have private insurance or Medicaid, we bill for our services.

Sign up today!

Complete the consent form and return it to your child's school.



These services do not replace your child's doctor. If your child needs a doctor, we can help you find one.

Questions? 330-543-7242
akronchildrens.org/schoolhealth

If your child is sick at home,
please do not send them to
school, use Quick Care Online®.



School-Based Health Services FAQs

Q: What are School-Based Health Services?

A: Quick, easy medical care at school. Akron Children's Hospital school nursing staff and pediatric providers see kids and teens for private and confidential medical care at your child's school.

Q: What are the benefits of School-Based Health Services?

A: Convenient – you do not have to leave work or home for your child to receive medical care.
Fast – prescriptions, if needed, are called into your preferred pharmacy.
Informative – care plan and visit details are in MyChart and can be mailed to your home upon request.
Affordable – we care for any child in need. If you have private insurance or Medicaid, we bill for our services.

Q: How do I sign my child up for School-Based Health Services?

A: Complete the consent form and return it to your child's school nursing office.

Q: What is a virtual visit?

A: During a virtual visit, your child is in the school nursing staff's office and visits an Akron Children's pediatric provider online through a computer or iPad. This is like using FaceTime on an iPhone.

Q: How do School-Based Health Services work?

A: During school hours, your child is initially evaluated by the Akron Children's school nursing staff. If the nursing staff thinks that your child has a minor illness and would benefit from treatment by an Akron Children's pediatric provider, they will request your permission for that to happen.

Some schools also offer in-person and telehealth appointments for annual well visits, sports physicals and vaccines. Appointments are required for these services. Call 330-543-7242 to schedule an appointment.

Q: Do School-Based Health Services cost money?

A: Yes, but no child is turned away due to inability to pay. We care for any child in need. If you have private insurance or Medicaid, we bill for our services. No copays or fees are collected at the school.

Q: Will my child see a pediatric provider every time they go to the school nursing staff?

A: No. Akron Children's Hospital school nursing staff will continue to provide the same level of excellent care to your child. If the nursing staff thinks that your child has a minor illness and would benefit from treatment by an Akron Children's pediatric provider, they will request your permission for that to happen.

Q: How will I know what took place during my child's appointment?

A: The staff will attempt to reach you at the phone number provided on the consent form to discuss your child's visit, any prescription information and recommended follow-up. Care plan and visit details are in MyChart and can be mailed to your home upon request.

Q: Will my child's information and appointment be private?

A: Yes, appointments are held in a private room at the school. Only you, your child, the Akron Children's pediatric provider and school nursing staff know what happens during the visit. If your child has a primary care provider, they will also receive the visit information.

Q: Does Akron Children's need permission to provide School-Based Health Services?

A: Yes, School-Based Health Services by an Akron Children's pediatric provider are only provided with your consent. Every child needs a parent/guardian signed consent form on file to be treated. If no signed consent is on file, a telephone consent can be obtained.

Q: Do School-Based Health Services replace my child's primary care provider?

A: These services do not replace your child's primary care provider. If your child doesn't have a primary care provider, call 330-543-7242 and the Akron Children's School-Based Health Services team will help you find one.