

HORNET HEALTH CENTER
PARENT/GUARDIAN CONSENT FOR MEDICAL/DENTAL SERVICES

The Hornet Health Center is a school-based health facility of the Health Department of Northwest Michigan supported through a grant from the Michigan Departments of Community Health and Education in collaboration with Pellston Public Schools. It is located in Pellston Middle/High School. The health center serves persons age 5 to 21 who live in Emmet and Cheboygan County, and their children.

Health center services include: primary care; treatment for illness and injuries; physical exams for school, sports, and camp; basic laboratory services and tests; referral for specialty health services; student health assessment, education, and risk reduction programs; chronic disease management; sexually transmitted disease testing and prevention; HIV counseling and testing; immunizations; medication administration; vision/hearing screenings; dental care; individual, family and group counseling services; and Medicaid Outreach and enrollment.

Student Name		Birth Date	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	<input type="checkbox"/> PES <input type="checkbox"/> PMS <input type="checkbox"/> PHS <input type="checkbox"/> Other
Race (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> More Than One <input type="checkbox"/> Other						
Ethnicity (Optional) <input type="checkbox"/> Non-Arabic/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Arabic						
Address	City	Zip Code	Home Telephone Number			
Parent/Guardian: Last Name	First Name	Relationship To Student				
Daytime Telephone Number	Evening Telephone Number	Cell Phone/Pager	E-Mail Address			
Name Of Emergency Contact		Relationship	Telephone Number			
Name of Student's Physician or Clinic	Physician or Clinic Telephone Number		Name of Student's Dentist			
HEALTH INSURANCE:						
<input type="checkbox"/> None (uninsured) Please contact me about MICHild/Healthy Kids health insurance for my child. <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Medicaid/Medicaid HMO: (Check one) <input type="checkbox"/> Mihealth (Medicaid) <input type="checkbox"/> Priority Health <input type="checkbox"/> Community Choice <input type="checkbox"/> Other Medicaid HMO: _____						
Mihealth Card Number (student's) _____						
OR						
<input type="checkbox"/> Blue Cross/Blue Shield	Insurance Policy Number	Name of Policy Holder		S.S. Number of Policy Holder		
<input type="checkbox"/> Other Insurance: _____	Insurance Group Number	Birth Date of Policy Holder		Relationship To Student		
Insurance Phone Number	Policy Holder's Employer		Does your insurance pay for immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Consent Policy

Parents/guardians must provide consent for their minor children for services at the health center. Students without a consent form signed by a parent/guardian on file will not be seen at the Hornet Health Center, except for a student's first visit to the health center, when staff will telephone parent/guardian for verbal consent on a one-time-only basis. The only other exceptions, according to Michigan law are: emergencies threatening life or limb; substance abuse services; HIV counseling and testing; sexually transmitted infection treatment; and-- for minors 14 and older--mental health services. People who are age 18 or older, legally emancipated, legally married, under court order, in the presence of a law officer when the parent cannot be promptly located, and/or members of the US Armed Forces provide consent for services themselves.

Parent/Guardian Signature needed here.	By signing this form I certify that I am the legal guardian and legal custodian of _____ Student's name	
	I understand my child's immunization (shot) records from Pellston Public School and the Michigan Childhood Immunization Registry will be reviewed. If it is determined that my child needs a shot, I give my permission for it to be given at the Hornet Health Center. I understand a letter with the needed shot and Vaccine Information Sheet(s) will be sent home for my review at least 1 week before the immunization is planned to be given. If I do not want the shot given to my child, I need to call or write to the Hornet Health Center before the planned shot day.	
	Signature of parent/guardian	Date
	<ul style="list-style-type: none"> I have reviewed and understand the services offered by the health center. I give consent for my child to receive the services described above until age 18. I understand it is not necessary to renew my consent yearly. I further authorize the Hornet Health Center to release information regarding treatment to the following: Hornet Health Center staff and its subcontractors, and other health care providers when needed to coordinate care; school staff when needed to coordinate services at school; and third-party payers when needed for payment of services. I understand I may withdraw my consent for services at any time upon written notice. I received a copy of the Health Department's Notice of Privacy Practices brochure. I understand that testing for bloodborne diseases, including HIV/AIDS, may be performed upon a patient without separate written consent in the event that a healthcare professional receives a cut or exposure to my child's blood or body fluids. 	
Signature of parent/guardian		Date

Please complete the other side of this form.

Please complete the other side of this form.

