Family Health Care Associates
26-27 School Health Services Consent

SCHOOL: _____ TEACHER: _____ GRADE: _____

STUDENT'S FULL NAME: _____

STUDENT'S SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

MALE: _____ FEMALE: _____ RACE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

ANY KNOWN ALLERGIES: NO: _____ YES: _____ IF YES, PLEASE LIST: _____

CURRENT MEDICATIONS: _____

MEDICAL INSURANCE: _____POLICY #: _____

PRIMARY CARE PROVIDER: _____ PHONE #: _____

GUARDIAN'S NAME: _____ PHONE #: _____

GUARDIAN'S NAME: _____ PHONE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PLEASE LIST ANY OPERATIONS, HOSPITALIZATIONS OR SERIOUS INJURIES OR ILLNESSES:

_____

PLEASE LIST ANY OF THE STUDENT'S FAMILY MEMBERS HEALTH PROBLEMS (EX: Mother, Father, Grandparents)

_____

_____

_____

- I hereby authorize Family Health Care Associates (FHCA) to receive payment for medical services provided to my child, and to release necessary medical information to Medicaid/K-Chip for billing purposes.
- I understand that the outcomes of medical exams or treatments are not guaranteed. I acknowledge that I have received the Notice of Privacy Practices (NPP) and the Bill of Rights, and I have had the opportunity to ask any questions I may have.
- I consent to FHCA providing medical services to my child, which may include telemedicine services. I understand that this consent extends to sharing my child's medical information, including videography and photography, with the provider when medically necessary and with relevant school staff, in compliance with HIPAA and FERPA regulations.I understand the risks and benefits of telemedicine, including the possibility of technology issues, and acknowledge that I have the right to withdraw my consent at any time.
- I also release both the School District Board of Education and FHCA from any liability, provided that care is delivered appropriately.
- By signing this form, I give my informed consent for telemedicine services and authorize FHCA to provide the necessary medical services.

LEGAL GUARDIAN SIGNATURE: _____ DATE: _____