



Parental Consent and Registration for Services
Little Miami School District

- Yes, I give permission for my child to receive services provided by the Mercy Health Center at Little Miami, a school-based health center (SBHC), and as determined by the Center's medical staff.
The consent will remain in effect until my child is no longer enrolled in LMSD or until I revoke consent in writing. It is my responsibility to notify the school about changes in legal guardianship.
I understand that the SBHC will notify me about seeing/treating my child. This will be done by telephone or in writing.
I authorize the SBHC and its staff to communicate with my child's doctor/clinic about care/services.
I authorize the SBHC to bill my health insurance provider for services rendered.

Child/Patient's Name Date of Birth SS #
Last First Middle

School Grade

Child/Patient's Sex Race/Ethnicity

Parent Phone # Cell # Work #

Home Address City State Zip Code

Parent/Guardian's Name Parent Date of Birth Parent SS #
Last First Middle

Parent/Guardian's Email

Child/Patient Allergies (including medications)

Emergency Contact (other than listed parent) Relation Phone #

Name of Primary Doctor or Clinic Phone #

Preferred Pharmacy Phone #

Would you like your child's annual well child exam completed at the SBHC? YES NO

Name of Health Insurance or HMO

If parent/guardian's policy, insured parent's name and date of birth

Medical Card or Insurance Member ID (Please provide a copy of insurance card)

Confidentiality: The information in my child's medical record is confidential and will not be released to any unauthorized person or agency without my consent. However, I understand that at times it may be necessary for team members of the SBHC to confer amongst themselves and the school health assistant about health issues related to my child. I understand that, as a courtesy, a record of any service or care to my child at the SBHC will be forwarded to his/her family doctor or clinic. I understand that data not specific to an individual child may be used to evaluate the program.

Signature of Parent or Legal Guardian

Date

