

PICKENS COUNTY PRIMARY CARE

SMART STUDENT HEALTH AND WELLNESS CENTER ENROLLMENT AND CONSENT FORM

STUDENT DATA STUDENT ID # _____

STUDENT/MINOR NAME: _____ BIRTHDATE: _____ SEX M F

ADDRESS: _____ APT# _____ ZIP: _____

RACE: (PLEASE CIRCLE ONE) AMERICAN INDIAN/ALASKAN NATIVE, MIXED RACE, BLACK HISPANIC/LATINO
 BLACK NON-HISPANIC/LATINO, WHITE HISPANIC/LATINO, WHITE NON-HISPANIC/LATINO, ASIAN

NAME(S) OF PARENT(S)/LEGAL GUARDIAN: _____

TEL: HOME: () _____ CELL: () _____ WORK: () _____

EMERGENCY _____ RELATIONSHIP: _____

CONTACT: HOME: () _____ CELL: () _____ WORK: () _____

PREFERRED LANGUAGE: ENGLISH SPANISH OTHER (SPECIFY): _____

IF THE STUDENT HAS A SOCIAL SECURITY NUMBER, PLEASE PROVIDE THE NUMBER ____ - ____ - _____

DO YOU HAVE HEALTH INSURANCE? YES NO IF YOU DO, PLEASE COMPLETE THE FOLLOWING:

ALLKIDS/MEDICAID RECIPIENT ID#: _____

HMO PPO NAME OF INSURANCE COMPANY: _____ POLICY #: _____

NAME OF INSURED (i.e. PARENT/GUARDIAN): _____ GROUP #: _____

S.S. # OF INSURED: ____ - ____ - _____

Within the Pickens County Primary Care (PCPC) SMART™ Student Health and Wellness Center (SMART™) at Gordo Elementary School and Gordo High School, our purpose is to support student academic achievement and competency through the proactive provision of preventive, basic primary, and behavioral health care and urgent care to all of our students, school faculty and staff, and their families to positively impact the trajectory of lives. In order to achieve this, the SMART™ model is focused on proactively ensuring the wellness of ALL students in the building, in addition to reacting to acute care needs by deploying *Active Access* to *Active Care*. The SMART™ clinic is open when school is in session with a flexible, rotating schedule. The staffing model may include a nurse practitioner, physician's assistant, physician, behavioral health practitioner, and dental care professionals.

I authorize and consent to the enrollment of the above-named minor, of whom I am the parent or guardian. My consent will allow the qualified professional staff of the PCPC SMART™ clinic located at Gordo Elementary School and Gordo High School to provide comprehensive medical and behavioral health services to my son/daughter, including health care services during their attendance at school. This consent is valid for the duration of the above-named minor's attendance at the school. I understand that no medical experiments will be conducted on my child, and that I may withdraw my consent by notifying the PCPC Gordo SMART™ site, in writing.

- Services available to students, faculty and staff and their families can include, but are not limited to the following:
- | | | |
|---|--|--|
| <p>Preventive and Screenings</p> <ul style="list-style-type: none"> Wellness assessments All CDC recommended immunizations* Blood pressure screenings TB screenings and referral to care Routine diagnostic laboratory testing Dental screening and referral to services Risk factor screening and counseling | <p>Basic Primary and Urgent Care</p> <ul style="list-style-type: none"> Physical and routine annual exams Sports and employment physicals Diagnosis and management of chronic health conditions Screening, diagnosis and treatment of routine illnesses and infections. Asthma treatment Treatment of sprains, lacerations, minor burns, and injuries | <p>Integrative Behavioral Health Care</p> <ul style="list-style-type: none"> General health assessments Brief individual interventions Group behavioral sessions Assessment of stress/emotional problems Family counseling to support students' needs Outpatient psychiatric care |
|---|--|--|

I understand that the SMART™ Center staff may request additional forms with regard to certain types of treatment or procedures for my child. I understand my child may consent to certain types of services, and that confidentiality between the student and the Health Center professionals will be ensured in specific areas designated by Alabama law, and will not be discussed with the parent/guardian, unless the student agrees. The Health Center staff considers parental involvement extremely important. We encourage all students to involve their parent or guardian in health care decision-making. I understand that my child may be walked to the PCPC SMART™ Center by school or clinic staff if the clinic is not located in my child's school. Additionally, I acknowledge that some medical and dental services may be provided at a PCPC community health center to my child, and I will be notified. I further understand that the medical records maintained by the SMART™ Center are confidential. I authorize the school to release medical and school records to the SMART™ Center team, and also for the SMART™ Center to release medical records to the school and to my health care provider, and I understand this information will be used to facilitate my child's care and shared to evaluate and improve services provided. I also authorize my child's other health care providers to release information to PCPC as needed. I understand that the PCPC Notice of Privacy Practices is available to me on the PCPC website <http://www.pc3med.com/forms.html>, or I can request and obtain a printed copy at the SMART™ Center.

X _____

Parent/Legal Guardian Signature Parent/Guardian Printed Name Area Code/Phone Number Date

We follow the recommendations of the US Centers for Control and Disease Prevention (CDC) and the American Academy of Pediatrics and strongly prescribe all CDC recommended immunizations, including DTaP/Tdap/Td/IPV/Hep B/Hep A/MMR/Varicella/MCV4/HPV/Flu. Vaccine information statements may be viewed at the following website: www.immunize.org/vis. As part of our services, your child will be offered the flu vaccine every fall. If you do NOT want your child to receive the flu vaccine, please check this box

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL OUR UTILIZATION MANAGER, TEIRDRE OWENS AT (205)-399-9930 OR CALL PICKENS COUNTY PRIMARY CARE AT (205) 375-6251