

**UNM SCHOOL-BASED HEALTH CENTER  
PARENT CONSENT FORM & REGISTRATION  
SY 2008-2009**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

M \_\_\_ F \_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/guardian name: \_\_\_\_\_ Social security # (optional) \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: White \_\_\_ Spanish, Hispanic Latino \_\_\_ Black, African American \_\_\_ American Indian, Alaskan Native \_\_\_ Asian American, Pacific Islander \_\_\_  
Don't know \_\_\_ Other (please specify) \_\_\_\_\_

I understand the following types of services are offered through the SBHC:

- Routine physical exams, including sports physicals
- Diagnosis and treatment of acute and chronic illness, e.g. acne, strep throat, asthma etc...
- Treatment of minor injuries
- Vision, hearing, and blood pressure screenings
- Age appropriate reproductive health services, e.g. abstinence counseling, education, exams, and referrals
- Immunizations
- Limited laboratory testing
- Health education, counseling, and wellness promotion
- Nutrition education and weight management
- Prescriptions
- Mental health services (screening, assessment and treatment)
- Classroom presentations
- Referral for health care services which cannot be provided at the School Based Health Center

Your insurance may be billed for this service. However, no student needing care will be turned away due to lack of health insurance or ability to pay.

Do you have a Primary Care Provider Y \_\_\_ N \_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Does student have: Medicaid Y \_\_\_ N \_\_\_ If yes check one: Molina \_\_\_ Presbyterian \_\_\_ Lovelace \_\_\_ Exempt \_\_\_ SCHIPS \_\_\_  
Healthier Kids Fund/children's Medical Services Y \_\_\_ N \_\_\_ Indian Health Services Y \_\_\_ N \_\_\_  
TriCare Y \_\_\_ N \_\_\_ Insurance Y \_\_\_ N \_\_\_ Insurance company \_\_\_\_\_

- I give permission for my child to receive SBHC services and for SBHC staff to access my child's class schedule (for appointment purposes only). I also give permission for the SBHC staff to consult with and provide information and records to other health care and mental health providers, including school health professionals, and for purposes of program evaluation and quality assurance.
- I do not give permission for my child to receive SBHC services
- I give permission for the SBHC to release my child's medical records to the school administration.

**Student's Health History:**

Allergies to Medicine: \_\_\_\_\_ Medication Taken Daily by Student: \_\_\_\_\_

Major Medical Problems/ Past Surgeries (e.g. asthma, breathing problems/wheezing, diabetes, seizure disorder, depression, tonsillectomy):

Describe: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Date**

\*Parental consent is not required for, and shall not bar children, regardless of age, from the following services: Any person regardless of age may consent to: Venereal disease examination and treatment (NMSA 24-1-9). Examination and diagnosis for pregnancy (NMSA 24-1-13). Family Planning services should be readily accessible to all who want and need them (NMSA 24-8-5). Individual or group psychotherapy or any other forms of verbal therapy, including substance abuse services that does not include aversive stimuli or substantial deprivations. This does not include electro convulsive therapy or psychotropic medications. Initial psychotherapy assessment and early intervention services will not extend beyond a two week period for children under 14 years of age without parental consent (NMSA 32A-6-14). Health center staff makes every effort to encourage discussion between the student and parent/guardian regarding these subjects. Emergency treatment may be given when a parent or guardian cannot be reached (NMSA 24-10-2).

Updated July 2007