Lummi Tribal Health Clinic
School-Based Health Clinic Consent Form

Student_____ Birthdate_____ Grade_____

Services Provided:

• Physical exams for school and sports • Treatment for acute & chronic illness and injury • Immunizations • Medication administration • Physical Therapy • Health Education	• Referrals for specialty services • Basic lab services (Strep test, flu test) • Substance abuse educations, counseling & referrals* • Mental health counseling and referrals* • Reproductive Health*

(*) Current Washington Law states that these services do not require parental consent if the child is 13 years of age or older.

Medical Care

❑ **I consent for my child to receive medical care** through the School Based Health Clinic.

Is your student a patient at Lummi Tribal Health Clinic ❑ Yes ❑ No

❑ **I consent to my child receiving immunizations** through the School Based Health Clinic.

Primary Care Physician (PCP) _____ Phone Number _____

Staff at the School Based Health Clinic have permission to communicate with the PCP regarding my child ❑ Yes ❑ No

List of ALL current medications

_____

_____

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List any health concerns regarding my child

_____

_____

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SBHC staff encourages family involvement in the care they provide to students. However, if I am unable to be present, authorization is given for my child to receive services in my absence. Consent is also given for referral of care and, if needed, emergency transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the Lummi Tribal Health Center SBHC staff. This authorization does not allow services to be rendered without the student's consent, unless she/he is unable to consent. Lummi Tribal Health Center is committed to creating a health care home and encouraging long-term relationships between patients and providers that includes medical, dental and mental health care.

In accordance with state and/or federal law, when consent is provided for care, healthcare information is kept confidential. A few exceptions exist. For example:
1. Permission is given by the patient or parent/guardian through a signed release of information form.
2. The patient indicates risk of imminent harm to self or others.
3. The patient has a life-threatening health problem and is under the age of 18.
4. There is reason to suspect abuse or neglect.
5. Certain communicable diseases must be reported to public health authorities.

Consent is given to share necessary information with the health care providers at the SBHC, including exchange of information between the mental health therapist, nurse practitioner or physician's assistant and the school nurse, for the purpose of providing the best care for the above named student. To facilitate coordination of care, the student's SBHC medical record will be accessible to Lummi Tribal Health Center staff at the SBHC. Consent is granted for the school nurse to administer over-the-counter medications (for example, Ibuprofen, Tylenol, Tums, etc.) as prescribed by the medical provider of the SBHC.
Students may also receive health services independently at Lummi Tribal Health Center's medical or dental clinic.
Consent is authorized for services provided by Lummi Tribal Health Center during the length of time the student is enrolled in a school with a Lummi Tribal Health Center SBHC or for the length of time services are provided at the Lummi Tribal Health Center. Withdrawal of this consent can be done at any time by writing to the SBHC.

Behavioral Health Services

❑ **I consent for my child to receive Behavioral Health** services at Lummi Nation School as referred. *

Examples of service: one-on-one counseling, community resource referrals and outreach and coordination of outside resources/services).

(*) Current Washington Law states that these services do not require parental consent if the child is 13 years of age or older.

Student Signature: _____ Date: _____/_____/_____

Parent/Guardian Signature: _____ Date: _____/____/_____

Guardian Name (Print): _____ Relationship: _____