



September 2017

Dear Parents/Guardians:

Did you know that your son or daughter can get **Health Care** at school? Lummi Nation School has a School-based Health Center (SBHC) that is located in the building and its services are available to all students. The SBHC is operated by Lummi Tribal Health Clinic.

The SBHC offers a child friendly setting and all the services of a family doctor. The SBHC provides appointments before, during, and after school and offers the following services:

- Evaluation and treatment of common health problems
- Immunizations, lab tests, and medication management
- Sports physicals
- Reproductive health care
- Mental, social, and emotional health care
- Oral health care
- Preventive health care, including tobacco, alcohol, and other drug use prevention education
- Health insurance eligibility and enrollment assistance
- Referrals to other health care providers as needed

To use this service, please complete and sign the respective enclosed consent form.

Forms can be returned with the school packet or mailed to the school separately. They can also be dropped off in person at the Lummi School's main office.

A completed Release of Education Records form allows your child's school records to be shared with Lummi Tribal Health Clinic. Access to school records enables Lummi Tribal Health to work with teachers and staff to improve student learning, attendance, grades, and behavior.

We are honored to offer this service to our Lummi youth and look forward to serving our community.

Sincerely,

Dakotah Lane, MD
Me-Musiah
Lummi Tribal Health Physician

Lummi Tribal Health Center's School-Based Health Center

K – 6TH Consent for Health Services

Lummi Tribal Health Center's School-based Health Center is located in Lummi Nation K-12 School. Lummi Tribal Health Center must have signed consent from a parent or legal guardian before providing services to the student, except in situations where federal and/or state laws allow the student to access such treatment without parent/guardian consent. If the student is enrolled in school but is not enrolled in a School-based Health Center (SBHC), he/she can continue to receive school nurse services.

I hereby request and authorize that:

Print Student's Name: _____ / ___ / ___

First Name	Middle Initial	Last Name	Date of Birth
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receive health care services available from and deemed necessary by the Lummi Tribal Health Center SBHC staff. These services may include, but are not limited to: mental health counseling, routine medical exams, naturopathy, sports physicals, well-child or teen care, evaluation and treatment of acute illness and injuries, immunizations, blood studies, photographs, X-rays, dental and fluoride treatment services. SBHC staff encourage 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 physicians 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.

Student Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Name of Legally Responsible Guardian (Print): _____ Relationship: _____