CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Orange County Public Schools
445 W. Amelia Street, Orlando FL 32801
407-317-3200
"The Orange County School Board is an equal opportunity agency"

Please read carefully and complete the following consent statement authorizing your minor child to receive school-based healthcare services.

I, hereby, give consent for my child_____

Date of Birth_____Social Security Number_____
To receive the following services provided by the physician, nurse practitioner, or affiliates:

1. Comprehensive health history
2. .Physical examination for school entry and sports participation, including inguinal hernia exam for males
3. .Examination, diagnosis, testing and treatment for minor illnesses and injuries
4. Screening for selected health problems
5. Management of chronic illness
6. Periodic screening for wellness, anticipatory guidance, preventive testing and treatment as outlined by Medicaid
7. Referral to specialists
8. Preventive health education
9. Counseling
10. Administer medication

Please list by number any services you DO NOT wish your child to receive_____

I understand that the confidentiality of the patient's medical record is required by law, and the record will not be released to any person or entity without prior permission. I hereby release the providers of this service, their affiliates, directors, officers, employees, agents, successors and assigns from any and all liability arising from or in any way connected to my child receiving these services. My signature below authorizes medical treatment, billing of insurance, if any, and receipt of the notice of privacy rights as required by HIPPA.

Parent/Legal Guardian_____
Home Phone_____Work Phone_____
Address_____
Medical Provider_____Preferred Hospital_____

Insurance: Yes _____No_____Insurance Type: Private_____Healthy Kids_____Medicaid_____
Insurance Name:_____Insurance Number:_____

SIGNATURE_____DATE _____

Medical History

Drug Allergies_____Current Medication_____Hospitalizations_____

Serious/Chronic Medical Conditions_____ Surgeries_____ Other_____