



# Jasper School District

## School-Based Health Center

### Enrollment Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address (Street, Apt, City, State, Zip): \_\_\_\_\_ Campus: \_\_\_\_\_

I understand the following types of services may be offered through the School-Based Health Center:

- Routine physical exams, including sports physicals
- Diagnosis and treatment of acute and chronic illness
- Treatment of minor injuries
- Vision, Hearing, and medical screenings
- Medical preventative and educational services
- Dental screening, prevention, education and treatment services
- Age appropriate reproductive health services with parent approval (abstinence counseling, education, exams and referrals).\*
- Limited immunizations
- Laboratory tests
- Health Education, counseling, and wellness promotion
- Nutrition education and weight management
- Telemedicine
- Prescription medications
- Behavioral Health Services
- Classroom presentations
- Referrals for services not provided by the SBHC

Student needing care will not be turned away due to lack of health insurance or ability to pay, however your insurance may be billed for these services.

Medical services will be available at the SBHC: Monday & Thursday 7:45 am - 5:15 pm and Tuesday & Wednesday 9:00 am - 3:00 pm. Closed on Fridays. If you need medical services when the SBHC is closed, contact your primary care physician. If it is an emergency, call 911.

I give my permission for the Jasper School District School-Based Health Center to provide medical care, oral health care, illness/infection prevention, wellness promotion programs, and/or behavioral health counseling services to the student named above. \*\* I agree that the school nurse will provide relevant information to coordinate care and access to services through the SBHC.

I understand that this enrollment form is required for services to be provided along with specific consent forms for Boston Mountain Rural Health Center, Youth Bridge, and/or Day Spring covering services provided by these organizations within the SBHC.

I understand that if my child is in need of unscheduled, acute, non-emergent services, the school nurse/staff will attempt to contact me prior to my child being seen at the SBHC. If a reasonable attempt is made to reach me and I am unable to be reached, I request that the following occur (**check one box**):

If I am unable to be reached, please **DO NOT** allow my child to be seen at the SBHC.

If I am unable to be reached, **I GIVE MY CONSENT** for my child to be seen at the SBHC.

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

Relationship to Student: \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Arkansas law (Ark.Code Ann.§ 20-9-602 (2012) and § 20-16-508 (2012)) does not require consent for examination and treatment of STDs, examination and diagnosis of pregnancy, family planning services, substance abuse counseling and treatment, and behavioral health counseling and treatment.

\*\*All parental consents must be accompanied by a completed registration form and health history form.



# School-Based Health Center

## *About Our Forms.....*

The Jasper School District is proud to offer quality healthcare services that are easily accessible to the student body through our School-Based Health Center (SBHC). We want to ensure that our students are healthy so they can get the most out of their educational experience. We expect that kids will miss less school because they can be seen early, preventatively, treated quickly and seen right here on campus.

**The SBHC enrollment form is a requirement to use medical, dental or mental health services at the SBHC.** This form also provides consent for the SBHC to offer preventative and educational services to your student. We strive to keep you informed about everything we are doing.

**Medical** – Boston Mountain Rural Health Center is our medical partner and their forms are enclosed. *You are not changing doctors by completing these forms.* When these forms are on file your child can be seen at the SBHC for medical services. Depending on your insurance, a referral from your regular doctor may be necessary. Boston Mountain is accepting new patients and can be your child's primary care provider, if you so choose.

This is an example of how medical services at the SBHC may work. If the school nurse feels your child needs medical services, she will call you. If you want your child to be seen here at school *and we have these forms on file*, then your child could be seen at the clinic without delay. Our providers will be in touch with you throughout the process of your child being seen here. If we do not have these forms on file, and you want your child to be seen, you can choose to complete these forms. This may require you coming to SBHC to complete the forms and establish care on the first visit. We will not provide medical services to your student without having these forms on file.

Medical services will be available at the SBHC: **Monday & Thursday 7:45 am - 5:15 pm and Tuesday & Wednesday 9:00 am - 3:00 pm. Closed on Fridays. If you need medical services when the SBHC is closed, contact your primary care physician. If it is an emergency, call 911.**

**Dental** -- Boston Mountain Rural Health Center is our dental provider. If you would like your child to see the dentist here; for cleanings and/or other dental care, please let us know!

870-446-6740 or 870-446-2225

**Mental Health** – The Youth Bridge and Dayspring programs are a part of our SBHC. Mental health consent forms are not included in this packet. Referrals for mental health services can be made by staff members or parents directly, at any time throughout the school year.

*Don't forget to complete the SBHC enrollment form as it opens the door for any of the SBHC services.*

If have any questions, concerns or feedback please call Melissa Henderson, SBHC Coordinator at 870-446-9305.