



MEDICAL CONSENT FORM
LOWELL COMMUNITY HEALTH CENTER
SCHOOL-BASED HEALTH CENTER AT
LOWELL HIGH SCHOOL

By signing below and as the parent (or legal guardian) of my child, I give permission for my child to receive services at Lowell Community Health Center’s School-Based Health Center located at the Lowell High School. I give permission for a designated health provider to deliver services outlined in the attached School-Based Health Center brochure. These services may include health exams, health assessments and screenings, immunizations, and management of my child’s health care. I also consent to exchange of health history, such as immunization records, with the school nurse and other appropriate providers in compliance with HIPAA regulations. The health record of students seen at the Lowell High School-Based Health Center is a confidential record, and is not part of a school record. I understand that confidentiality will be observed due to the nature of this type of record.

I also authorized Lowell Community Health Center to release information regarding treatment to third party payers for billing purposes and for any reason required by statues and regulations described in Lowell Community Health Center’s Notice of Privacy Practices.

I have read and understand this consent form and agree to register my child in the School-Based Health Center at Lowell High School. I understand that my child will be registered as a patient of Lowell Community Health Center unless I otherwise notify Lowell Community Health Center in writing.

PLEASE COMPLETE

School Name and Grade: _____

Student (Patient) Name: _____

Student’s Date of Birth: _____

Student’s cell phone: _____

Parent (Legal Guardian): _____

Address: _____

Telephone: _____

Primary Care Provider: _____

Health Insurance: _____

IMPORTANT- Adult (other than parent or legal guardian) who will assume immediate care and pick up your child at school in the event of illness or an emergency.

Name: _____ Relation: _____ Home Phone/Cell _____

Signature of Parent or Guardian: _____ **Date:** _____