children's Hospital at Erlanger

Ronald McDonald House Charities® Chattanooga

School-Based Health Clinic Program — Patient Registration

Please ask your school nurse for details.

Patient Information: Please complete all of this section (blue or black ink only)

Student's Last Name _____ **First** _____ **Middle** _____

Student's Street Address _____ **City** _____ **State** **Zip**

Student's Social Security Number _____ **Date of Birth** _____ **Primary Care Doctor** _____ **Phone**

Pharmacy Name/Location: _____ **Pharmacy Phone:** _____

Sex: (Please Circle One) M F **Race:** (Please Circle One) White Black Hispanic Asian Bi-Racial Other

Language of Choice: _____

School: _____ **Teacher:** _____ **Grade:** ____

Parent/Guardian Information:

Parent/Guardian's Name: _____ **Date of Birth:** _____

Relationship to Patient: _____

Parent/Guardian Employer: _____ **Phone:** _____

Home Phone: _____ **Mobile Phone:** _____ **Other Phone:** _____

May we leave a message? _____**Yes** _____**No**

Insurance Information: Please fill in all the information so that we do not have to copy your card.

My child has:
___ No Insurance
___ TennCare -ID# _____ (required for billing)
___ Private/Commercial Insurance (please provide all details below) Deductible $_____

Primary Insurance Company: _____

Name of Policy Holder: _____ **Relationship to Student:** _____

Member ID or Policy #:_____ **Group #:** _____ **Co-Pay:** **$**_____

Social Security # of Policy Holder: _____ **Policy Holder Date of Birth:** _____

Emergency Contact Information: Alternate contact if parent cannot be reached.

Name: _____ **Relationship:** _____ **Phone:** _____
May We Leave A Message? Yes No

Please list any people that you authorize to have access to your child's health information:

As a Parent/Guardian of the above student:

I authorize the release of any medical information necessary to process insurance claims for payment of medical benefits to the School-Based Health Clinic Program. I have provided details of all insurance policies that cover my child.

_____ **Parent/Guardian Signature** _____ **Parent/Guardian PRINTED Name** _____ **Date**