



## School-Based Health Clinic Program Consent to Treat

**Name of Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print Full Name)

I, the undersigned, hereby, consent for my above-named child to receive health care services at the Ronald McDonald Care Mobile® or School-Based Health Clinic, which is staffed by State-licensed professionals of Children’s Hospital at Erlanger and licensed and credentialed physician members of Erlanger’s medical staff. School-based health clinic services include, but are not limited to medical care and treatment, including diagnosis of acute and chronic illness and disease and prescribing medications in person or via video conferencing technology (telemedicine), albuterol treatments, and vaccinations (with prior consent). I understand that Children’s Hospital at Erlanger is a teaching hospital and that my child may be included in its teaching, research, and training programs. I also understand that I may be contacted for participation and/or follow-up regarding such programs.

I understand that some parts of a telemedicine exam may involve physical tests conducted by the individuals at my/my child’s location at the direction of the telemedicine consulting health care provider. I understand that video conferencing will not be the same as a direct patient care visit due to the fact that I/my child will not be in the same room as the health care provider. I understand the potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue my/my child’s telemedicine visit if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that the school-based health clinic staff will notify me prior to my child’s encounter with the medical provider including potential telemedicine visits and vaccinations. I hereby give my permission for my child to receive care at the Ronald McDonald Care Mobile® or School-Based Health Clinic whether or not I can accompany my child to the medical clinic each time.

I authorize the Ronald McDonald Care Mobile® or School-Based Health Clinic staff to disclose all or any portion of my child’s medical record to persons or entities pertinent to his/her health care, including but not limited to his/her primary care physician, other health providers on the care team, care coordinators, pediatric subspecialty medical providers, the school nurse and the Ronald McDonald Care Mobile® staff. I further understand that all information in my child’s medical record is confidential and will not be released to any unauthorized person or agency without written consent. I acknowledge that I have received a copy of the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices of the Ronald McDonald Care Mobile® School-Based Health Clinic Program.

I authorize staff to summon emergency services (9-1-1) for my child if necessary. Expenses related to ambulance or other emergency referral will be my responsibility.

I give consent to release any information regarding treatment to third party payers (insurance) for the purpose of billing. I will attempt to make myself available for communication regarding my child’s health needs. I understand that there are certain hazards and risks connected with all forms of treatment and consent is given in light of this knowledge. I understand it is my duty to inform the Ronald McDonald Care Mobile® or School-Based Health Clinic staff of any change in the child’s guardianship. I assign to Erlanger Health System, my physician, and other healthcare professionals involved in my child’s care, all my rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, or any other programs that I identify for which benefits may be available to pay Erlanger Health System for medical services provided. I agree to cooperate and provide information as needed to establish my eligibility for such benefits. Medical services provided by the Ronald McDonald Care Mobile School-Based Health Clinic Program or at the school are billable services and may be billed directly to my insurance company.

I also certify, by signing this form, that I am legally authorized to provide this consent. This consent will remain in force for a period of one year, or until I revoke said consent in writing.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Parent/Guardian PRINTED Name**                      **Date**