



School-Based Health Parental-Guardian Consent Form

Student Information

Name: _____ Birth date: ____ / ____ / ____ SS#: ____ - ____ - ____
Address: _____ Telephone#: ____ - ____ - ____
 STREET/PO BOX CITY ZIP CODE
Male or Female _____ Race: _____ Hispanic/Latino: Yes / No Grade: _____
Parent/Guardian: _____ Telephone: ____ - ____ - ____
Medical conditions: _____ Allergies: _____
Medications: _____ Last physical: _____
Family physician: _____ Physician phone# _____

Please check beside the service(s) you want your child to have completed at your child's MVA School-Based Wellness Center:

- Vaccines Only**
- All medical services offered (Well/Sick Visits, Physicals, etc)**

Check here if we have permission to obtain your child's immunization records (if not please attach a copy of the records)

Insurance information

Name of insurance company: _____
Insured's name: _____ Policy #: _____
Group#: _____ Medicaid #: _____

Check here if your child has no insurance
 I would like more information on Children's Health Insurance Program (CHIP)

Check all that apply: Student receives free or reduced lunch
 I wish to be notified by phone/mail each time my child receives services.

I, the parent/guardian of the student listed above, do hereby consent for him or her to receive services at the following MVA School-Based Wellness Center while enrolled at the school.

East Fairmont High l North Marion High Monongah Middle Monongah Elementary

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

**** PLEASE RETURN COMPLETED CONSENT FORM TO THE SCHOOL****