



School-Based Health Parental-Guardian Consent Form

Student Information

Name: Birth date: SS#: Address: Telephone#: 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 North Marion High Monongah Middle Monongah Elementary
East Fairmont Middle West Fairmont Middle

Parent/Guardian Signature: Date:

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