

**CHRISTIANA CARE HEALTH SERVICES
HIGH SCHOOL WELLNESS CENTER
PARENTAL CONSENT FOR TREATMENT**

_____, give my consent for _____
(Parent / Guardian name) (Student's name)
to receive services at the School-Based Health Center, administered by the Christiana Care Health System.

IF YOU WISH TO DECLINE A SERVICE LISTED FOR YOUR CHILD, CROSS OUT AND INITIAL IN FRONT OF THAT SPECIFIC SERVICE.

PHYSICAL HEALTH

- Assessment, diagnosis and treatment of minor illness and injury.
- Identification of conditions such as high blood pressure, diabetes, asthma and coordination with student's medical home
- Athletic, employment, routine and college physicals (may include a urinalysis)
- Immunizations and routine tuberculin screening (PPD)
- Assistance in linking to medical provider, dentist or health insurance
- Gynecological services (may include PAP smear and pregnancy testing)
- Diagnosis and treatment of sexually transmitted diseases (includes STD cultures)
- Counseling for family planning methods including the benefits of abstinence and linking to family planning community services

EMOTIONAL HEALTH

- Individual, family and group counseling
- Drug, alcohol and other substance abuse counseling and link to outside provider when need identified
- Connect to long term counseling if need identified
- Crisis intervention (such as suicidal or homicidal thoughts)

NUTRITION COUNSELING

- Sports nutrition
- Weight management and healthy eating
- Prenatal and Postpartum nutritional counseling
- Specialized diets

EDUCATION

- Individual and group education
- Anger management
- Smoking prevention and cessation
- Preventative education on teen risks and common teen concerns

BY SIGNING THIS CONSENT, I UNDERSTAND AND AGREE WITH THE FOLLOWING:

- The School-Based Health Center **DOES NOT** provide the following services: hospitalization, distribution or prescription of birth control or condoms, treatment of complex medical or psychiatric conditions, x-rays and complex lab tests.
- In general, visit and medical record information is kept confidential and will only be shared with others (including parents, school personnel and community resources) with the student's permission. Pertinent health information (ex. serious allergic reactions, immunizations, etc.) may be shared between the school nurse, the Wellness Center staff and your student's primary care provider in order to coordinate health services. If there is a concern for your student's safety or medical condition the parent/legal guardian and appropriate resources will be contacted. Information required to be reported by law will be reported as required.
- All information requested on the Registration/Health History Form is accurate and complete.
- Services are provided at no cost.
- Consent may be withdrawn at any time by the parent or guardian.
- I have read and completed this consent form.
- I have had the opportunity to receive and review The Wellness Center Notice of Privacy Practices brochure.

(Signature of Parent/Legal Guardian) (Relationship)

(Printed Name of Parent/Legal Guardian)

Date

(Signature of Student)

(Printed Name of Student)

Date