

CONSENT FOR SCHOOL-BASED/LINKED HEALTH CENTER SERVICES

Student's Name _____ Date of Birth _____

The Ingham Community Health Centers provide health care services to adolescents at the School-Based Health Centers and School-Linked locations. Adolescents may receive services at any site by turning in this completed Consent for School-Based/School-Linked Health Care Services at either health center

Services Provided at the School-Based and School-Linked Health Centers	
Parental consent is required for the following services provided to patients under the age of 18:	
<ul style="list-style-type: none"> • Health maintenance exams • Physical exams for school, sports, camp and work • Treatment for acute and chronic illnesses and injuries • Vision/hearing screenings and follow up • Oral/dental screenings and follow-up • Immunizations 	<ul style="list-style-type: none"> * Basic laboratory services and tests * Administration of medication * Individual, group, family & community education * Referrals for specialty services
Current Michigan law allows for confidential services to mature minors age 12 and up in accordance with Michigan State Law (<u>parental consent not required</u>) in these areas: <ul style="list-style-type: none"> • Pregnancy testing • Sexually transmitted infection screenings, treatment and counseling • HIV counseling, testing and referrals • Substance abuse education, counseling and referrals • Crisis intervention and emergency care • Physical/sexual abuse counseling and referrals • **Mental health and psycho-social assessment, counseling and referral (<i>must be 14+ to consent</i>) 	
Services NOT Provided at the School-Based Health Centers	
Per State of Michigan law: <ul style="list-style-type: none"> • Birth control pills and contraceptive devices are NOT provided or dispensed at any School Based CHC's. • Abortion counseling, referrals or services are NOT provided at any School -Based or School-Linked Health Centers. 	

PARENT/GUARDIAN CONSENT

I Consent to the following:

- The above-named student may receive all services listed above at either School-Based /School linked Health Center.
- Exchange of health care information between the School-Based/School-Linked Health Center listed above and the student's primary care physician for continuity and coordination of care according to the state/federal laws.

By signing this consent form, I certify that I am the parent/guardian of the student named above. I understand that I may withdraw my consent for services upon written notice to the health center at any time. ***I acknowledge receiving a copy of the Ingham Community Health Centers' Notice of Private Practices.***

Signature of Parent/Guardian _____ Date _____

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