



**BLUE DEVIL
HEALTH CENTER**

Parental/Legal Guardian Consent for Expanded Health Services

Student Name _____ Date of Birth _____ Grade _____
Address _____ Telephone _____
Parent E-Mail _____ Student E-Mail _____
Ethnicity: Hispanic-Latino/Latina Non-Hispanic Female Male
Race: check all that apply: American Indian/Alaska Native Asian Black/African
American White Native Hawaiian or other Pacific Islander Other Race _____
Parent/Guardian name _____ Date of student's last physical exam _____

- I give permission for my son/daughter to receive health care services at the Blue Devil Health Center. I understand this permission will remain in effect until November 1, 2017, unless permission is withdrawn by me in writing.
- I understand that by signing this consent, my student may access any of the following services at the Health Center and that confidentiality laws protect information concerning reproductive and behavioral health care:
 - Physical exams such as sports and college physicals, including annual strengths and risks assessments
 - Diagnosis, treatment and triage of injuries (for example, a sprained ankle)
 - Diagnosis and treatment of minor illnesses and infections (for example, strep throat, pink eye)
 - Evaluation of symptoms such as headaches or stomach pain
 - Management of chronic diseases (asthma, diabetes, etc.) in collaboration with my student's primary care provider or specialist
 - Age-appropriate reproductive healthcare and life planning, preventive and abstinence education, pelvic exams, treatment of STDs, pregnancy testing, prescriptions, and referral
 - Urine tests, hemoglobin tests, strep and mono screening, serum glucose testing
 - Written prescriptions if appropriate
 - State provided immunizations
 - Mental health services (as available) including counseling provided by AMHC.
 - Oral health screening, dental cleanings and referral
- I understand that Maine State Law requires a parent or legal guardian's consent to provide medical treatment to an individual under 18 years of age (if not an emancipated minor), except for services related to reproductive health, mental health, or substance abuse.
- Medical records and information are protected under HIPAA. However, I acknowledge that the Health Center may release information regarding treatment to third party payers, such as MaineCare, for the purpose of billing and for any reason in accordance with acceptable medical practice and pursuant to law.

Parent or legal guardian signature

Daytime phone

Date