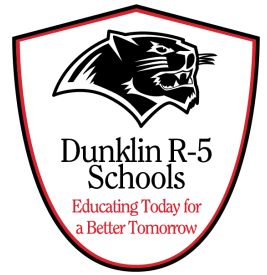


Dunklin R-5 School District

497 Joachim Ave.
Herculaneum, MO 63048
Phone: 636-479-5200 Fax: 636-479-6208
www.dunklin.k12.mo.us



Health Center Transportation Consent Form

Dear Parent/Guardian:

The Dunklin R-5 school district houses a COMTREA clinic located at Senn Thomas Middle School available for our students to receive dental care and behavioral health care services. Dental services available include (but are not limited to): exams, X-rays, cleanings, fluoride treatment, sealants, fillings, and extractions. COMTREA's behavioral health services include counseling (individual or family) as well as psychiatric evaluation and medication management.

These services are available to ALL STUDENTS, regardless of insurance status.

If you want your child to receive dental or behavioral health services at COMTREA's Dunklin Health Center located at Senn Thomas Middle School during the school day / escorted by Dunklin R-5 School staff, please complete the enclosed consent form and bottom portion of this letter and RETURN TO THE MAIN OFFICE of your child's school. This consent is valid for the duration your child is enrolled at this school.

COMTREA staff will contact you or leave a message prior to your student's scheduled appointment.

If you want to accompany your child to their appointment, contact COMTREA's Dunklin Health Center at 636-224-6096 to schedule an appointment. You will still need to complete COMTREA's consent form for services but not this Health Center Transportation Consent Form if you decide to accompany your child to their appointment(s).

If you have any questions, please contact the health center at 636-224-6096 or your child's school nurse.

Thank You,

Dr. Clint Freeman

Superintendent

I give permission for Dunklin R-5 District Staff to transport my child to COMTREA's Dunklin Health Center located at Senn Thomas Middle School, by Transport Van in order to see the COMTREA dental or behavioral health center on the day of appointments. I understand my child will be supervised by district staff during transport and time at COMTREA's health center. By signing below I understand this form is for future appointments while my child is enrolled at this school.

Student Name (Please Print) _____

Grade _____

Teacher _____

Parent/Guardian Signature _____

Date _____

Check ONE of the following:

My child is less than 40 pounds and must be in an appropriate child safety seat _____

My child is less than 80 pounds or 4'9" tall and must be in a booster seat _____

My child is over 80 pounds or 4'9" tall and must be secured by a safety belt _____