UNM SCHOOL-BASED HEALTH CENTER
PARENT/STUDENT CONSENT FORM
SY 2020-2021

Student Last Name: _____ First Name:_____ M □ F□ Grade_____

Age_____ Date of Birth: _____Student ID Number: _____Phone: _____

Address: _____Zip Code: _____

School: _____ Parent/Guardian name: _____

Ethnicity: Hispanic or Latino? Yes □ No □

Race: □ American Indian or Alaskan Native □ White/Anglo □ Asian □ Black, African American

□ Native Hawaiian or other, Pacific Islander □ Unknown □ Other (please specify) _____

Preferred language_____

Your insurance may be billed for this service. No student needing care will be turned away due to lack of health insurance/ability to pay.

Please list student insurance information: □ Medicaid/Type: _____

□ Commercial/Type: _____

□ NONE

Does student have a Primary Care Provider: Y □ N □ Name_____Phone_____ Fax_____

Known Allergies □ YES □ NO If yes, please explain: _____

Does student have dental cleanings (Please circle one that applies): every six months, once a year, or not at all

☐ **I give** permission for my child to receive SBHC services; which may include medical, behavioral health, case management and/or dental care and for SBHC staff to access my child's class schedule (for appointment purposes only) and to ask and receive information from the school nurse about my student's health history. This includes permission for the SBHC staff to consult with and provide information and records to other health care, mental health providers, dental providers including school health professionals, and for purposes of program evaluation and quality assurance. A copy of the HIPAA Notice of Privacy Practices is available upon request. I have been given a copy of the handout "What You Need to Know about Telehealth" and I understand that some SBHC services may be provided through telehealth.

☐ **I do not** give permission for my child to receive SBHC services*
*New Mexico law does not require parental consent for some treatment and services under statues; § 24-1-13.1 NMSA 1978, § 24-1-9 NMSA 1978, § 24-8-5 NMSA 1978, §24-10-2 NMSA 1978, §32A-6A-14, 15 NMSA 1978, §24-7A-6.2 NMSA 1978

Parent/Guardian Signature **Daytime Phone** **Date**

Emergency Contact Name & Relationship **Daytime Phone**

Student Signature (18 years and older) **Daytime Phone** **Date**

Official use only: Exam Fall/Spring Prophy Fall/Spring

Revised 8_2020