

Healthier Lives at School and Beyond



Parental Permission Form for Telemedicine Services

2019-2020

By completing this form, I consent in advance to my child having access to any or all services of the **Healthier Lives at School and Beyond** telemedicine project as long as my child remains enrolled in Duplin County Schools. Services include: evaluation and diagnosis of common illnesses (strep throat, fever, flu, ear aches, asthma, rashes, etc.), behavioral health counseling, and nutrition education. These services are provided by a team of licensed professionals.

*****Students must have parental permission to be seen by providers from the Healthier Lives at School and Beyond telemedicine project. ***Parents will be notified before any telemedicine services occur.**

Student's Name (First, Middle, Last): _____

Date of Birth: _____ Age: _____ Sex: _____ Preferred Language: _____

Race: _____ Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Mailing Address: _____

School: _____ Teacher Name: _____

Primary Care Physician (include name of medical site and provider): _____

Email of Parent/Guardian: _____

Does Your Child Have Insurance: YES / NO **If yes, what type (circle):** Medicaid Private

Insurance #/ID: _____ Social Security #: _____

Pharmacy (include address): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Relationship to Child: _____ Phone #: _____ Email: _____

Please place a check to give your child permission to use the following services:

_____ I give my child permission to access the following telemedicine services:

Behavioral Health Counseling and Nutrition Education provided by East Carolina University
Medical Acute Care Services provided by Center for Rural Health Innovation/Health-e-Schools

_____ I do not give my child permission to access any of the above services.

Please read and sign agreement for Medical Services: HIPAA/FERPA: Health-e-Schools staff will share confidential information only in the following situations: when it is educationally relevant for a student's academic progress, when necessary to address potential health care needs, to ensure the safety of the patient, other students/staff/and/or school personnel, or other situations specified by law. The Health-e-Schools staff may discuss the patient's medication and other health care needs with the appropriate staff members who will administer the student's medication and provide care to the student while the student is at school. Additional detailed information about the Privacy Practices that govern the Health-e-Schools Telemedicine Program is available on our website at www.health-e-schools.com and at each school nurse office. I, the undersigned, give permission and consent for the above enrolled patient to have treatment through and by Health-e-Schools. I understand the nature of this treatment, the way it is provided, and the details and limitations of this form and style of treatment. I give permission for Health-e-Schools to receive information from the school about my child's health history if appropriate. I acknowledge that I have been offered a copy of the Notice of Privacy Practices. I agree to release all records related to this treatment to the Primary Care Provider. I agree that I will be responsible for all costs associated with said treatment and that I will provide any insurance information as requested. All costs and fees not covered by insurance will be my responsibility. As the undersigned of the above patient, I authorize the release of any information necessary to process insurance claims for payment of benefits to CRHI for Health-e-Schools. The information above is true and complete to the best of my knowledge. By signing this form, I am stating the information I am providing is accurate and up-to-date, and I will update Health-e-Schools with any changes as soon as possible. This form is valid until written revocation is received by Health-e-Schools staff or student/staff is no longer enrolled in the school system.

Signature: _____ **Date:** _____

Please return this form to your child's school nurse or teacher.