



NATIONWIDE CHILDREN'S HOSPITAL SCHOOL-BASED SUPPLEMENTAL HEALTH SERVICES
Consent Form

KIPP Academy Columbus and Nationwide Children's Hospital (NCH) are partnering together to offer School-Based Supplemental Health Services to any KIPP student. The goal of this program is to help improve the health and well-being of students so that they can be successful in school. The purpose of the school health services offered is to provide quality healthcare in a friendly and familiar school setting at a time that is convenient to the student and family. We are NOT trying to replace your regular source of healthcare. School nursing and emergency services will still be provided as always whether you consent to participate in the program or not.

Consent for Medical Care/Treatment

Patient/Student Name		Parent/Guardian if Patient/Student is less than 18 years		
Street Address		City	State	Zip Code
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Area Code	Phone Number	Student Date of Birth (Month-Day-Year)	Grade	

Choose **one** of the following:

I consent to allow the health care providers of Nationwide Children's Hospital ("NCH") who are providing services at KIPP Columbus to perform **all** services/treatment (including medications and tests, see list below) that may be needed to diagnose, treat, and/or care for the needs of the above-referenced patient/student.

-OR-

I consent to allow the NCH health care providers who are providing services at KIPP Columbus to perform **only the following** services/treatment for the above referenced patient/student:

- | | |
|---|--|
| <input type="checkbox"/> Care and treatment for any injury/illness

<input type="checkbox"/> Physical Examinations

<input type="checkbox"/> All immunizations recommended but not required by the Ohio Department of Health

<input type="checkbox"/> HPV immunization

<input type="checkbox"/> Influenza (flu) immunization

<input type="checkbox"/> Pneumococcal immunization

<input type="checkbox"/> Hepatitis A immunization | <input type="checkbox"/> Age-appropriate immunizations for school attendance (DTaP, Tdap, Polio, MMR, Varicella, Meningococcal - following the American Academy of Pediatrics immunization schedule)

<input type="checkbox"/> Substance abuse prevention counseling

<input type="checkbox"/> Mental/Behavioral health counseling

<input type="checkbox"/> Pregnancy testing

<input type="checkbox"/> Birth Control

<input type="checkbox"/> Prenatal (pregnancy) care, including postpartum (after pregnancy) care, genetic screen and other pregnancy tests

<input type="checkbox"/> Sexually Transmitted Infection (STI/STD) testing and treatment |
|---|--|

I understand that this consent will remain valid throughout the student's enrollment at KIPP Columbus unless revoked. You may revoke this consent for treatment at any time by making a written request to KIPP Columbus to have me/my child removed from services. I have received the handout, *School-Based Supplemental Health Services Information for Parents and Students*, and I understand the services available. It is my responsibility to tell the School-Based Supplemental Health Services about changes in insurance coverage, and to notify the school office manager with all updates or changes to my child's health condition(s), immunization records, or medications.

