



## Student Wellness Center Elementary Parent Consent Form

I, the custodial parent and/or legal guardian, consent and authorize treatment including, but not limited to, support/social groups, individual or family counseling, physical health services, and group or individual health education activities. I understand services may be provided during the school day. I have reviewed and understand the services offered by the School Health Clinic. I give consent for my child to receive the services described above during the 2020 -2021 school year.

**I understand that I can withdraw my consent at any time through written notification. By signing this document, I acknowledge:**

- **I understand that crisis interventions and emergency care do not require a consent. Life-saving interventions may be initiated without prior consent.**
- I understand that if I request an immunization for my child, my child's immunization record from the Michigan Childhood Immunization Registry (MCIR) will be reviewed. If it is determined that my child needs an immunization, a Vaccine Information Sheet will be sent home and a consent form must be signed and returned before an immunization is administered. Immunization administration will be by appointment only.
- I understand staff at the Student Wellness Center are mandated reporters and required to report suspected abuse or neglect in accordance with the MCLA (Michigan Compiled Laws Annotated) 722.623.
- I understand that services are in compliance with all Health Insurance Portability and Accountability Act (HIPAA) laws and regulations. The full privacy practice is available for me to review. I understand a copy of the privacy practices can be mailed to me at my request.
- I understand that the Student Wellness Center will not discriminate against any person on the basis of race, ethnicity, national origin, religion, marital status, political preference, physical or mental ability, height, weight, sexual orientation, gender identity, health insurance or ability to pay.

*(Continued on reverse)*

### **Support/Social Group Activity**

- ☐ YES, I consent for my child to participate in *any* SUPPORT/SOCIAL GROUP ACTIVITY offered through the Student Wellness Center
- ☐ YES, I consent for my child to participate in only \_\_\_\_\_  
offered through the Student Wellness Center (name of group)

### **Medical Services**

- ☐ YES, I consent for my child to receive MEDICAL CARE at the Student Wellness Center

### **Mental Health Services**

- ☐ YES, I consent for my child to receive MENTAL HEALTH CARE – at the Student Wellness Center

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_