

# AHC Tiger Health Extension

Alcona Elementary School, 181 N. Barlow Rd., Lincoln, MI 48742 (989) 736-8157

## Consent for Care

\_\_\_\_\_  
(Child's name)

\_\_\_\_\_  
(Child's date of birth)

The AHC Tiger Health Extension is a school-based health center located at Alcona Elementary School. The center serves children **5-21 years of age** who reside in the Alcona Community Schools district primarily. The AHC Tiger Health Extension is managed and staffed by Alcona Health Center.

The center provides comprehensive health care including, but not limited to:

- Well / annual visits, immunizations, behavioral health services, acute care, care for chronic conditions, prescription medication dispensing, over-the-counter medication dispensing, and first aid services.

**Your child must have a consent on file to receive ANY TYPE OF SERVICE (including first aid and school nurse services) at the Tiger Health Extension.**

I understand that the AHC Tiger Health Extension will be obtaining height and weight information annually on my child. Tiger Staff use this information to promote healthy weight and lifestyle habits for your child. I understand that the AHC Tiger Health Extension will attempt to contact me when services are provided and will notify me in writing when services are provided if the center has been unable to reach me by phone. I have been given a copy of my child's rights and responsibilities at the center. I understand that this consent form will remain valid unless I withdraw it by submitting a **Withdrawal of Consent** form. I understand the services offered at the AHC Tiger Health Extension.

**I give my consent for treatment and authorize AHC Tiger Health Extension staff to provide services to my child.**

I authorize the AHC Tiger Health Extension to bill my insurance for services provided to my child and to release information regarding treatment of my child to third party payers (insurance companies, other health plans) for purposes of payment for services. I further authorize Alcona Elementary School to provide a copy of my child's emergency card to the AHC Tiger Health Extension annually.

**Please Note:**

- Services provided in the Tiger Extension are billed the same way they would be if these services were provided at AHC. Unless you indicate otherwise on the consent form, you will be contacted **PRIOR** to a billable service being delivered to your child.
- Special additional consent is required for behavioral health services. If someone else refers your child for counseling in the center, you will be contacted **before** service is provided.
- Family planning services are not offered at this clinic. No birth control pills or devices are dispensed or prescribed.

\_\_\_\_\_  
(Printed name of parent or guardian)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### **Child's Insurance Information:**

Insurance company: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ DOB of insured: \_\_\_\_\_

### **Emergency Contact Information:**

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Cell Number: \_\_\_\_\_

Mother (guardian) Name: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Father (guardian) Name: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

### **Child's Allergies (medication, environmental, etc):**

\_\_\_\_\_

Daily Medications: \_\_\_\_\_

Primary Care Provider or Office \_\_\_\_\_