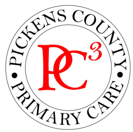

Pickens County Primary Care
A Certified SMART Student Health and Wellness Center
Enrollment and Consent Form

School Where Student is Enrolled: ____________________ **Student ID #** ____________

Student/Minor Name: ____________________ **Birthdate**: ____________ **Sex**: M F

Physical Address: ____________________ **Apt#:** _____ **Zip:** ____________

Mailing Address ____________________ **Zip:** ____________

Race: (please circle one) American Indian/Alaskan Native Mixed Race Black Hispanic/Latino Black Non-Hispanic/Latino White Hispanic/Latino White Non-Hispanic/Latino Asian

Name(s) of Parent(s)/Legal Guardian: ____________________

Tel: Home: ( ) ____________ Cell: ( ) ____________ Work: ( ) ____________

Emergency ____________________ **Relationship**: ____________

Contact: Home: ( ) ____________ Cell: ( ) ____________ Work: ( ) ____________

Preferred Language: English Spanish Other (Specify): ____________

If the Student Has a Social Security Number, Please Provide the Number _ _ _ – _ _ – _ _ _ _

Do You Have Health Insurance? ___**Yes** ___**No** If You Do, Please Complete the Following:

___ALL Kids/Medicaid Recipient ID#: _ _ _ _ _ _ _ _ _

___HMO ___PPO Name of Insurance Co.: ____________________ Policy #: ____________

Name of Insured (i.e., Parent/Guardian): ____________________ Group #: ____________

S.S. # of Insured: _ _ _ – _ _ – _ _ _ _

Within the Pickens County Primary Care (PCPC), the certified SMART Student Health and Wellness Center's purpose is to support student academic achievement and competency through the proactive provision of preventive, basic primary, and behavioral health care and urgent care to all of our students, school faculty and staff, and their families to positively impact the trajectory of lives. In order to achieve this, the SMART Model is focused on proactively ensuring the wellness of ALL students in the building, in addition to reacting to acute care needs by deploying *Active Access* to *Active Care*. The SMART Clinic is open when school is in session with a flexible, rotating schedule. The staffing model may include a nurse practitioner, physician's assistant, physician, behavioral health practitioner, and dental care professionals.

I authorize and consent to the enrollment of the above-named minor, of whom I am the parent or guardian. My consent will allow the qualified professional staff of the PCPC SMART Clinic located at my child's school, or any other Pickens County Primary Care Clinic to be opened in the future in Pickens County, to provide comprehensive medical and behavioral health services to my son/daughter. This consent is valid for the duration of the above-named minor's enrollment at the Pickens County Head Start and Pre-K Program and/or in Pickens County Schools. I understand that no medical experiments will be conducted on my child, and that I may withdraw my consent by notifying the PCPC Clinic, in writing.

Services available to students, faculty and staff and their families can include, but are not limited to the following:

Preventive and Screenings
- **Wellness assessments**
- **All CDC recommended immunizations***
- **Vision and hearing screenings**
- **TB screenings and referral to care**
- **Routine diagnostic laboratory testing**
- **Dental screening and referral to services**
- **Risk factor screening and counseling**

Basic Primary and Urgent Care
- **Physical and routine annual exams**
- **Sports and employment physicals**
- **Diagnosis and management of chronic health conditions**
- **Screening, diagnosis and treatment of routine illnesses and infections**
- **Asthma treatment**
- **Sprains, lacerations, minor burns, and injuries**

Integrative Behavioral Health Care
- **General health assessments**
- **Brief individual interventions**
- **Group behavioral sessions**
- **Assessment of stress/emotional problems**
- **Family counseling to support students' needs**
- **Outpatient psychiatric care**

I understand that the SMART Clinic staff may request additional forms pertaining to certain types of treatment or procedures for my child. I understand that may child may be transported to the PCPC SMART Clinic by school or clinic staff, if the clinic is not located in my child's school. Additionally, I acknowledge that some medical and dental services may be provided at a PCPC community health center to my child, and I will be notified. I further understand that the medical records maintained by the SMART Clinic are confidential. I authorize the school/Head Start/PCS pre-school program to release medical and school records to the SMART Clinic team, and also for the SMART Clinic to release medical records to the school/Head Start/PCS pre-school program and to my health care provider, and I understand that this information will be used to facilitate my child's care and shared to evaluate and improve services provided. I also authorize my child's other health care providers to release information to PCPC, as needed. I understand that the PCPC Notice of Privacy Practices is available to me on the PCPC website http://www.pc3med.com/forms.html, or I can request and obtain a printed copy at the SMART Clinic. The health center staff considers parental involvement extremely important. We encourage all students to involve their parent or guardian in health care decision-making. I understand that older children may consent to certain types of services, and that confidentiality between the student and the SMART Clinic professionals will be ensured in specific areas designated by Alabama law, and will not be discussed with the parent/guardian, unless the student agrees.

X ____________________ ____________________ ____________________

Parent/Legal Guardian Signature | Parent/Guardian Printed Name | Relationship to Patient

Area Code/Phone Number ____________________ Date ____________________

***We follow the recommendations of the US Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics and strongly prescribe all CDC recommended immunizations, including DTaP/Tdap/Td/IPV/Hep B/Hep A/MMR/Varicella/MCV4/HPV/Flu. Vaccine information statements may be viewed at the following website: www.immunize.org/vis. As part of our services, your child will be offered the flu vaccine every fall. If you do NOT want your child to receive the flu vaccine, please check this box** ☐

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL OUR UTILIZATION MANAGER, KIM TAYLOR, AT (205)-375-2438 OR CALL PICKENS COUNTY PRIMARY CARE AT (205) 375-6251