FRANKLIN PRIMARY HEALTH CENTER INC

School-Based Health Center Consent & Enrollment Form

Child Information: Select...

Child Name: _____ Child SS# _____

Date of Birth: _____ Gender: _____ Sex at Birth _____

Race (black, white, etc.): _____ Ethnicity (Non-Hispanic, Mexican, etc.): _____

Migrant: ☐ Yes or ☐ No

Interpreter Required ☐ Yes ☐ No Language: _____

Homeless Status (please check): ☐ Not Homeless ☐ Homeless ☐ Living in Shelter ☐ Living with Others

☐ At Risk of homeless ☐ Other: _____

Grade: _____ Phone#: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Parent/Guardian Information:

Name: _____ Relationship to Child: _____

Phone #: _____ Alternate #: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship to Child: _____

Phone #: _____ Alternate #: _____

Child's Insurance Information:

Type of insurance: _____ **Name on Policy** _____

Group and ID Policy number: _____

Person responsible for bill: _____ DOB: _____

If no insurance, household size: _____ Annual income: _____

(Needed for sliding fee scale discount.)

Health Information:

1. Does your child currently have or have a history of the following problems?

   ☐ Allergies to food, medications, or other? _____

   ☐ Asthma ☐ Birth problems ☐ Blood clots/strokes ☐ Cancer ☐ Chickenpox

   ☐ Developmental delays ☐ Diabetes ☐ Headaches ☐ heart disease ☐ High blood pressure

   ☐ High cholesterol ☐ Seizures ☐ Sickle cell anemia ☐ Tuberculosis

   ☐ Mental illness _____

   ☐ Substance abuse (drugs or alcohol) _____

   ☐ Other _____

1. Has your child had any minor or major surgeries? If yes, please explain.

   _____

2. Has your child been hospitalized for anything? If yes, please explain.

   _____

3. Does your child take any medications? If yes, please list.

   _____

4. Pediatrician name/phone number/ date of last visit:

   _____

5. Dentist name/phone number/ date of last visit:

   _____

6. Optometrist name/phone number/ date of last visit:

   _____

7. What pharmacy does your child use (name and phone number)?

   _____

Family History:

Does anyone in your family (mother, father, siblings, and grandparents) currently have or have a history of the following problems?

Condition	Who?	Maternal or Paternal side?
☐ Asthma		
☐ Blood clots/stroke		
☐ Diabetes		
☐ Heart disease		
☐ High blood pressure		
☐ High cholesterol		
☐ Mental illness		
☐ Sickle cell anemia		
☐ Substance abuse (drugs or alcohol		
☐ Tuberculosis		
☐ Other _____		

I give consent for the child named above, to receive services from the Franklin Primary Health Center School-Based Health Center. Services may include the following: well-child physicals, sports physicals, diagnosis and treatment for acute and chronic conditions, vision, dental, minor injuries, immunizations, health coaching, prescriptions, behavioral/mental health counseling, classroom presentations (as assigned), and referral for services which cannot be provided at FPHC SBHC.

All of my child's healthcare information is confidential. Depending on the services provided, there may be a charge. When available, my insurance will be billed. FPHC may release information regarding treatment to third-party payers for billing purposes. No child will be turned away due to inability to pay. I acknowledge receiving and understanding Franklin's patient rights, privacy practices, and grievance policies. I've been advised to speak with the office manager for any issues. By signing, I confirm the accuracy of the provided information and agree to the medical services for my child as prescribed. I authorize FPHC to receive healthcare benefits payments and release necessary information for billing. I am aware of my financial responsibilities for any non-insured charges. I understand my rights to withdraw consent and that this consent expires when the child's school enrollment ends.

For Notice of Privacy Practices click here

Parent/Guardian Signature _____ Date_____

SUBMIT

If the SUBMIT button does not work for you, please save the completed form to your device and email to Mallory.Sullivan@franklinprimary.org