



School-Based Authorization to Treat a Minor Child

The School-Based Health Center is a partnership between the school district and CareSTL Health. By completing this form, you are granting permission for the evaluation and treatment of your child. In addition, you are granting permission for the release of information (e.g. grades, attendance records, IEP, 504 plans, and basic health history) to and from the school district and the health sponsor. This form will remain on file in your child’s record for future reference. You reserve the right to revoke this authorization at any time.

I, _____, opt in and give permission for CareSTL Health to treat my child and hereby consent to the administration of required vaccines or medications determined by the provider to be necessary for the welfare of my child and the following medical/dental care (check all that apply):

- Immunizations
- Physical Exams (includes Sports)
- Assessment, diagnosis and treatment of minor illness and injury
- Preventative health education
- Pediatric Dental Care

I, _____, opt in and give permission for CareSTL Health to treat my child and hereby consent to any behavioral health services and/or counseling determined by the provider to be necessary for the welfare of my child.

I, _____, opt out. I do not want CareSTL Health to treat my child for medical or behavioral health services.

Child’s Name _____ DOB _____ School Name _____

Medical History: **PLEASE COMPLETE**

Date of Last Physical _____ Date of Last Dental Exam _____

Allergies (Food or Drug) _____

Past Medical Illness/Surgical History _____

Child’s Provider _____ Provider Phone # _____ Insurance Plan _____

Policy Number _____ Primary Subscriber _____ Group # _____

Dental Insurance Plan _____ Preferred Hospital _____

Parent/Legal Guardian Contact Information:

Name _____ Phone # _____

Address _____

Signature _____ Date _____

Staff: Is medical history completed? Witness Signature _____ Date _____



CONFIDENTIALITY STATEMENT

Your student's privacy and safety are important to us. In general, adolescents may request privacy regarding some health information. If there is a safety concern, privacy cannot be maintained if your student is less than 18 years of age or when we are required to report by law.

Having a parent or guardian included in a student's healthcare is important. We will work with your student to involve his/her parent or guardian as needed while still protecting their privacy.

Missouri state law allows certain minors to consent to any medical treatment based on the following status:

- Minors who are or have ever been married
- Minors who are parents (for both their own care and their children's care)
- Minors who are members of the armed forces
- Minors who are homeless, 16 years of age or older, and living without the physical or financial support of a parent or guardian
- Minors who are victims of domestic violence, 16 years of age or older, and living without the physical or financial support of a parent or guardian

Missouri state law allows minors to consent for certain types of medical care without parental consent which include:

- Pregnancy diagnosis and treatment
- Venereal Disease/Sexually Transmitted Disease/Sexually Transmitted Infection diagnosis and treatment
- Drug and Substance Abuse diagnosis and treatment

There are certain situations related to a student's safety that must be reported, such as:

- They tell us that they plan to cause serious harm or death to self or someone else
- They tell us they are doing things that could cause serious harm or death to self or someone else
- They tell us they have been abused (physically, sexually or emotionally), past or present
- They tell us they have been having sex with someone who is older than 18 years of age
- They have a life-threatening health problem

A student has the right to ask about the treatment planned for them and can refuse the treatment. A student has the right to a chaperone during an examination.



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There are certain situations related to your safety that must be reported, such as:

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- You are doing things that could cause serious harm or death to you or someone else
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- You tell us you have been having sex with someone who is older than 18 years of age
- You have a life-threatening health problem

You have the right to ask about treatment planned for you and to refuse the treatment. You have the right to a chaperone during an examination.

Student Name _____ Date _____

Reviewed with _____ Date _____