NYU LANGONE HOSPITALS
HEMPSTEAD HIGH HEALTH CENTER
201 President Street Hempstead, NY 11550
(516) 434-4251
A Joint Program of the Hempstead School District and NYU Winthrop Hospital
Parental Consent for Health Services

Lastname		Firstname			
MRN		Sex		DOB	
ACCT		Pt Type			

Please know that your child can use the School-Based Health Center and see your other doctors.
Signing this consent does not change your insurance, does not change your private doctor, and does not affect the number of times your child can see their private doctor.

STUDENT INFORMATION

Student Last Name: _____
Student First Name: _____
Date of Birth: _____/_____/_____
Month Day Year
Student Address:_____
_____
City State Zip Code
Student email:_____

***Student Social Security Number:** _____
Sex: ❑ Male ❑ Female Grade _____

Ethnicity: ❑ Hispanic ❑ Black ❑ White
❑ Asian/Pacific Islander ❑ Other _____
List the student's regular doctor, if they have one?
Name: _____
Telephone: _____
Address: _____

Indicate the Pharmacy where we can send prescriptions.
Pharmacy_____
Pharmacy Address: _____
Pharmacy Tel: _____
***Indicates optional field: Used for insurance purposes only**

PARENT INFORMATION

Parent/ Legal Guardian:
Last Name: _____ First Name: _____
Home/Work Tel: _____
Cell Phone: _____
Email: _____

Parent/Legal Guardian:
Last Name: _____ First Name: _____
Home/ Work Tel:_____
Cell Phone:_____
Email :_____

If legal guardian , relationship to the student:
❑Grandparent ❑ Aunt/Uncle ❑Foster Parent ❑ Other: _____
Home /Work Tel: _____
Cell: _____
Email: _____
Preferred Language of Parent/ Guardian:_____

ADDITIONAL EMERGENCY CONTACT

Name: _____
Relationship to Student: _____
Home or Work Tel:_____
Cell: _____

INSURANCE INFORMATION

Does your child have Medicaid?
❑ No ❑ Yes: Medicaid ID # _____

Does your child have Child Health Plus?
❑ No ❑ Yes: CHP # _____

Which Plan?
❑ Affinity ❑ Fidelis
❑ Healthfirst ❑ Empire BC/BS Health Plus
❑ Emblem Health(HIP/GHI) ❑ Metro Plus
❑ WellCare ❑ United Healthcare

Does your child have other health insurance
❑ No ❑ Yes, Health Plan: _____
Member ID/Policy Number: _____
Health Insurance Phone: _____

If your child does not have health insurance, would you like a representative to contact you to assist with getting health insurance?
❑ No ❑ Yes What is the best time to contact you? _____

Box 1. PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CENTER SERVICES. Please sign Box 1 & 2

I have read and understand the services listed on the next page (School-Based Health Center Services) and my signature provides consent for my child to receive services provided by the Hempstead High Health Center at NYU Winthrop Hospital School-Based Health Center. By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents, married or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices. My signature also gives my consent to contact other providers who have examined my child. My signature indicates my consent to release medical information.

MRN, Name, DOB:

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X _____ _____
Signature of Parent/Guardian **Date**

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE ABOVE PROVIDER FOR SERVICES RENDERED.

I AUTHORIZE THE RELEASE OF MEDICAL OR OTHER INFORMATION ABOUT THIS CLAIM. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

MRN, Name, DOB:

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PARENTAL CONSENT FOR HEALTH SERVICES

I hereby give my consent for my son/daughter (indicated above) to receive "no cost" health care provided by the physician, nurse practitioner and other State-licensed health professionals of the Hempstead High Health Center, as well as low cost care at NYU Winthrop Pediatric Center. This care includes the following health care services as part of a school health program sponsored by the New York State Department of Health: School-Based Health Center services may include, but are not limited to:

1. Mandated school health services, including: screening for vision, hearing, asthma, obesity, scoliosis, Tuberculosis and other medical conditions, first aid, and required and recommended immunizations.
2. Comprehensive physical examination (complete medical examination) including those for school, sports, working papers, and new admissions.
3. Medically prescribed laboratory tests such as for anemia, sickle cell, and diabetes.
4. Medical care and treatment, including diagnosis of acute and chronic illness and disease, and dispensing and prescribing of medications.
5. Mental health services including evaluation, diagnosis, treatment, and referrals.
6. Health education, nutrition and substance abuse counseling, asthma education
7. Reproductive health care services, including abstinence counseling, contraception counseling, testing for pregnancy, STI screening and treatment, HIV testing, and referrals for abnormal results, as age appropriate and medically indicated.
8. Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, and HIV, as age appropriate and medically indicated.
9. Dental examinations including: diagnosis and sealants as appropriate
10. Referrals for service not provided at the school-based health center.
11. Annual health questionnaire/survey.
12. Provision of health services at the NYU Winthrop Pediatric Center during after school hours and school vacations.

I grant permission for my child to enroll in the Hempstead High Health Center. I understand that, when necessary, efforts will be made to contact me before any treatment that requires parental consent according to New York State Law is given. I understand that confidentiality between the student and the medical team will be ensured in specific service areas and will not be discussed with the parent or guardian unless the student agrees. The staff of Hempstead High Health Center considers parental involvement important. Staff encourages students to involve their parents or guardians in counseling and medical care.

"No cost" insurance means no out-of-pocket expenses. When students are covered by health insurance, the insurance companies are billed.

Parent or Guardian Signature: _____

Print Name:_____ Date:_____ Time:_____ AM / PM