



HOMER CENTRAL SCHOOL DISTRICT

Health Services Consent Form

Student: _____ School: _____ Grade: _____

Address: _____
Address City State Zip

Primary Parent/Guardian: _____ Phone: _____
First Last

Secondary Parent/Guardian: _____ Phone: _____
First Last

Group Number: _____

Policy Holder's name for private insurance: _____

Medical Insurance - If your child is not covered by health insurance, please indicate below.

- Uninsured
- Medicaid
- Private Insurance

Policy Holder's date of birth for private insurance: _____

Private Medical insurance policy number: _____

Please check here if you would like to be contacted by Guthrie Cortland Medical Center Patient Advocate for assistance with accessing health insurance benefits.

- Yes

Preferred Pharmacy: _____

Child's pediatrician: _____ Phone: _____ Date of last physical: _____

List of allergies: medicines, foods, bee stings, etc. _____

List of medications you child is currently taking. _____

Has your child been hospitalized in the past year? Y / N If yes, why? _____

Has your child had any surgeries in the past year? Y / N If yes, why? _____

I authorize Homer Schools and Guthrie Cortland Medical Center Health Care providers to share student information as appropriate to ensure health care can be provided as needed to assist in the treatment and/or continuity of care for my child. These records may include the following: immunization records, class schedules, parent contact, address, phone number, medical, behavioral and mental health conditions, health screenings, medications, health care plans, or attendance information. I authorize Guthrie Cortland Medical Center Health Care providers to contact and share/receive medical information with my son/daughter's primary care physician as part of school health services. I further grant approval for the health care provider to participate in student health care planning or attendance teams as needed. I hereby authorize the School Health Services provider to provide the services as indicated above. This consent will be in effect for one year from this date.

Parent/Guardian Signature: _____ Date: _____