



School-Based Health Center Registration Form

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Date of Birth: _____ / _____ / _____ Month Day Year	Relationship to student: _____
Home School: _____ Grade: _____	Home Tel: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Work Tel: _____
Race/Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Cell: _____
Address: _____	Additional Emergency Contact
City: _____ State: _____ Zip Code _____	Last Name: _____
Phone number: _____	First Name: _____
Email address: _____	Relationship to student: _____
Will the SBHC be the student's regular doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Tel: _____
If not, who will be the student's regular doctor?	Work Tel: _____
Name: _____	Cell: _____
Telephone: _____	
Address: _____	

Insurance status: Uninsured Insured

INSURANCE INFORMATION	
PRIMARY	SECONDARY
Insurance Name: _____	Insurance Name: _____
Policy Number: _____ Group # _____	Policy Number: _____ Group # _____
Plan Address: _____	Plan Address: _____
Effective: _____ Phone Number: _____	Effective: _____ Phone Number: _____
Subscriber: _____ Relationship: _____	Subscriber: _____ Relationship: _____
Student's Name on the Plan: _____	Student's Name on the Plan: _____

SCHOOL-BASED HEALTH CENTER SERVICES

I agree to register my child/myself to receive services provided by the School Based Health Center (SBHC). I understand and agree to the Children's National consent form that was signed and recognize services may include complete physical examinations, treatment for chronic and acute health problems, health screenings, laboratory and diagnostic tests, administration/prescribing of medications, health education, case management and/or referrals to specialists, and mental health and social services all which may be provided in person or via telehealth.



School-Based Health Center Registration Form

I understand:

1. Children's National staff will provide services in person or via telehealth at the School-Based Health Center (SBHC).
2. Guardians may attend non-confidential visits in the SBHC. However, if the guardian is unable to be present at the time of the visit, they will be notified when the visit is scheduled and receive a summary of the visit, unless the services are deemed confidential per Maryland law.
3. Maryland law does not require guardian consent or notification for the following services provided in the Health Center: treatment or advice regarding drug or alcohol abuse, sexually transmitted infections, pregnancy, contraception for minors under 18 years of age, or mental health services for minors aged 12 years and older.
4. All records are confidential, retained within the Children's National Medical Record, and accessible through the patient portal.
5. That limited information about my child's admission may be shared with the school nurse for care coordination and continuity of care.
6. If a Primary Care Provider is on record, they will receive notification of the visit.
7. If my child has health insurance, Children's National will follow the normal billing process as detailed in the outpatient consent.
8. If my child does not have insurance, I will apply for medical assistance programs, including but not limited to Medicaid. If my child is not eligible, I agree to provide financial information to Children's National to determine eligibility for reduced charges or charity care.
9. Any student enrolled in Prince George's County Public Schools will be seen regardless of insurance status.

I understand the description of services and policies of the SBHC and give permission for my child to register and receive services in the SBHC. I understand that this permission will be in place for one calendar year and can be withdrawn at any time by submitting notice in writing.

Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____
Date

For Minor Consent services detailed in item #3

Signature of Student _____
Date

Signature of SBHC Staff Witness _____
Date