

School Health Center - Parent/Guardian Information and Consents

Student Name:	Date of Birth:
Address:	
Phone Number:	
Parent/Guardian Name:	

School Health Center locations: Your School Health Center consists of a seamless partnership of the School District and Shawnee Health Service, both dedicated to the health and well-being of your child. Our locations include:

- Marion Wellness Center: The School Health Center can see any student, family member of the student, faculty/staff, and family member of faculty/staff of Marion Unit #2 School District..
- Terrier Care: The School Health Center can see any student, family member of the student, faculty/staff, and family member of faculty/staff of Carbondale Community High School District 165 and Carbondale Elementary School District 95. Services can be provided at Terrier Care or at one of the locations within designated Carbondale Elementary School District 95 elementary schools.

A Medical Provider (Physician, Nurse Practitioner, or Physician's Assistant), a Licensed Clinical Social Worker (LCSW) or a Licensed Clinical Professional Counselor (LCPC), and a Nutritionist are available on site to provide primary health care, counseling, and nutritional consultation. We are happy to serve as your primary care provider or on an as-needed basis when your health care provider is not available. To help with continuity of your healthcare, we will send copies of visit notes to your designated health care provider to keep them up to date with your health care needs.

Services Provided: We offer the same care that you can get at most primary care physician offices. This includes:

- Routine medical care, examinations, assessments, and screenings including emergency, preventative, acute, and chronic care
- Laboratory Testing
- School and Sports Physicals
- Immunizations
- Nutrition Counseling
- Health education and wellness promotion including, but not limited to smoking cessation, healthy lifestyles, injury prevention, abstinence/sex education, and substance abuse education
- Dental services on-site, if available, or referrals to a dentist
- Suturing of minor lacerations
- Counseling services
- Referrals as needed for alcohol, tobacco, and drug and substance abuse counseling
- When medically indicated, only testing for pregnancy and sexually transmitted diseases including HIV/AIDS will be performed
- Students who disclose that they are sexually active will receive STD screenings
- Students who present for Confidential Services, such as performing a urine pregnancy test, will also have the urine sent to the state lab for GC/Chlamydia testing
- Terrier Care Only: Family Planning services will be provided in the form of appropriate health education which includes abstinence

Sharing of Information with the School District: We will not share any of your health information with school officials and school officials will not share any of your health information with the School Health Center. However, you may find it convenient if you give us permission to give or exchange records with school officials so that a student's school required health records are updated and the School Health Center has accurate and complete physicals and immunization information. For example, students entering Kindergarten, 6th grade, and 9th grade must have completed school physicals with updated immunization information before classes can be attended. Students involved in sports must have a sports physical on file to participate in practices or games.



Date: 02/10/2022

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form. You do not have to sign this releat leaves the school district or until you re	Center to give or exchange information with the school, please comase. If you do sign the release, the School Health Center will release evoke or withdraw your permission. To withdraw your permission, you california Street, P.O. Box 577, Carterville, Illinois 62918-0577.	e information until the student
Consent		
	information or exchange records with school officials or allow the so lth Center, please check what we can release.	chool to release information and
☐ Immunization Records☐ School Physicals☐ Sports Physicals☐ Attendance Records		
	rvices offered at the School Health Center. I have been informed of understand that a parent, legal guardian, or student who is permitted use any health care services.	
I understand that I may consent to my or Please check the box below to tell us h	child being seen at the Health Center if I am not present or I may re now to handle your child's visits:	quire my presence at each visit.
	the School Health Center if I am present School Health Center if I am not present. I understand that I will be	contacted by phone before any
☐ Medical Visits☐ Behavioral Health (Counselir☐ Nutrition Visits	hool Health Center if i am not present EXCEPT for: ng) Visits acted by phone before any care is provided.	
	aw, minors may have the same capacity as an adult to consent to cermission is required for such services. Shawnee Health Service's upon request.	
Signature of Parent/Guardian:		