

The Health Center at Port Angeles High School

CONSENT FORM

I give permission to The Health Center at Port Angeles High School (PAHS) to perform such medical and therapeutic procedures as may be professionally necessary or advisable to my (or my child's) health screening, diagnosis, and treatment. I understand that a patient record will exist for each student and that I am responsible for medical expenses that may occur. (North Olympic Healthcare Network will bill your insurance company. Anything not paid by the insurance company will be billed to you.)

In the case of medical health services, the Health Center **MUST** have a signed Consent Form from a parent or legal guardian before health services are provided to youth.

I understand the following types of services are offered through the Health Center at PAHS:

- Routine physical exams, including sports physicals
- Mental health services
- Diagnosis and treatment of acute and chronic illness.
- Health education, counseling, and/or wellness promotion
- Laboratory Tests
- Immunizations
- Referral for health care services that cannot be provided at the High School Based Center
- Reproductive health services, like counseling, education, exams, and referrals

According to law, MINORS may provide their OWN consent for substance abuse treatment and mental health care services at the age of 13 or older. MINORS may provide their OWN consent for reproductive health care at any age. If necessary, the Health Center will inform youth of options for outside care and will assist youth in discussing these issues with parents/guardians. (RCWs: 70.96A.230; 71.34.510; 70.24.110; 9.02.100(1)).

When a student consents for his/her own care, all information is kept confidential and cannot be released except in the following circumstances when it can be confidentially shared:

- If a student shows signs of risk of suicidal behavior.
- If student plans to do serious bodily harm to someone else.
- If a student has a life-threatening health problem and is under 18 years old.
- If there is reason to suspect abuse or neglect. This may include any sexual contact with a minor (people under 18 years old) by a person older than 18 or where this is a three or more year difference in ages.
- If the student gives us permission through a signed release of information

Please Note: The student's consent is LEGALLY required for release of information about the following: pregnancy, sexually transmitted disease (including HIV/AIDS testing), substance abuse treatment, and/or mental health counseling.

Student's Signature

PRINT Student's Name

Date

Parent or Guardian Signature

PRINT Parent/Guardian Name

Date

Relationship to Student: _____

Please turn over and complete the Registration on the other side →