

Richfield Health Resource Center MEDICAL CARE --- STUDENT CONSENT FORM

If you have children ages 0---19 years of age, they are eligible to receive free medical care at the Richfield Health Resource Center at 7001 Harriet Ave. S, Richfield, MN, 55423.

For your son or daughter to receive the medical services listed below, you must complete this consent form and return it to the school (or to the clinic).

I give permission for my child to use the Health Resource Center’s medical clinic services.

Child’s Name: _____ **Date of Birth:** _____

Child’s School: _____ **Grade:** _____

I allow my son or daughter to receive **ALL*** medical clinic services, including the following:

- **Routine care:** Treatment for colds, flu, infections, headaches, earaches, sore throats, sprains, cuts, burns, skin problems, abdominal pain, back pain, physical exams for sports, vision & hearing screenings, immunizations, and vision exams
- **Health education:** Weight management, special diet counseling, smoking prevention, and safety promotion
- **Lab services:** Routine blood and urine tests, throat cultures, and diabetes tests
- **Counseling:** Help dealing with stress, anxiety, depression, abuse and neglect, mental health services, self---esteem development, and suicide prevention

I would like more information regarding Mental Health services: YES NO

*** IMPORTANT: If there are services listed above you do not want your son or daughter to receive, please cross them out. He or she will receive only those services that remain on the list.**

Please be aware that Minnesota Law does allow your son or daughter to receive treatment, without your permission or consent, for sexually transmitted infections, chemical dependency, and pregnancy and conditions associated with pregnancy, including pregnancy prevention.

Allergies

My son or daughter has the following allergies: _____

Medications

My son or daughter uses the following medications: _____

Medical Insurance YES NO

Name of Insurance: _____

Although we keep this information on file, all medical visits are free, and your insurance will not be charged

Parent/Guardian Signature **Date** **Daytime Phone Number**

This consent form will be on file at the clinic and is valid for one academic year. A written consent is required annually. Consent forms are available at the Richfield Health Resource Center.