

Hawai'i Keiki School Health Program Parental Consent Form

University Clinical, Education & Research Associates
677 Ala Moana Boulevard, Suite 1003 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315

Office Use Only

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Student's Last Name: _____ Student's First Name: _____ Date of Birth: ____/____/____ Month Day Year Sex: ☐ Male ☐ Female Grade _____ Ethnicity: ☐ Hispanic ☐ Black ☐ White ☐ American Indian ☐ Asian/Pacific Islander ☐ Other _____ Student Mailing Address: _____ _____ City State Zip Code Who is the student's regular doctor or nurse practitioner? Name: _____ Telephone: _____ Address: _____ _____	Mother Last Name: _____ First Name: _____ Home: _____ Cell: _____ Work: _____ Father Last Name: _____ First Name: _____ Home: _____ Cell: _____ Work: _____ Legal Guardian <i>If Applicable</i> Last Name: _____ First Name: _____ Home: _____ Cell: _____ Work: _____ Relationship of legal guardian to student ☐ Grandparent ☐ Aunt or Uncle ☐ Other: _____ Additional Emergency Contact Name: _____ Relationship to Student: _____ Home: _____ Cell: _____ Work: _____
INSURANCE INFORMATION	
Does your child have Medicaid? ☐ No ☐ Yes: Medicaid # _____ Does your child have Quest? ☐ No ☐ Yes: Quest # _____ Which Plan? ☐ Alohacare Quest ☐ Ohana Quest ☐ HMSA Quest ☐ United Health Care Quest ☐ Kaiser Quest	Does your child have coverage through your employer or any other type of health insurance? ☐ No ☐ Yes: Health Plan: _____ Member ID/Group Number: _____ Subscriber Date of Birth: ____/____/____ Month Day Year If your child does not have health insurance, would you like someone to contact you to enroll into health insurance? ☐ No ☐ Yes What is the best time to contact you? _____
PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES	
I have read and understand the services listed on the next page (School Health Services) and my signature provides consent for my child to receive services provided by the Nanaikapono Elementary School Health Center and Hawai'i Keiki School Health Program. NOTE: By law, parental consent may not be required for the provision of certain health care services, including but not limited to the application of first aid treatment, the provision of services where the health of the student appears to be endangered, and certain treatment and services as set forth under Chapter 577A of the Hawaii Revised Statutes. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated. X _____ Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____ Date	
PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION	
I have read and understand this consent for the release of health records and information as described on page 2 of this form. My signature indicates my consent to the release health records and information as specified. X _____ Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____ Date	

PLEASE BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT

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Nanakuli-Waianae Complex Area Schools, Hawaii DOE School District

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SCHOOL HEALTH SERVICES

I consent for my child to receive health care services provided by the State-licensed health professionals of the Hawaii Keiki School Health Program, as part of the school health program approved by the State of Hawai'i Department of Education and University of Hawai'i School of Nursing and Dental Hygiene. I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and that pupils will be encouraged to involve their parents or guardians in counseling and medical care decisions. Hawai'i Keiki school health services may include, but are not limited to:

1. Screening for vision (including eye glasses), hearing, asthma, obesity, Tuberculosis and other medical conditions, first aid, and required and recommended immunizations.
2. Comprehensive physical examination (complete medical examination) including those for school, sports, working papers, and new admissions.
3. Medically prescribed laboratory tests such as for anemia, sickle cell, and diabetes.
4. Medical care and treatment, including diagnosis of acute and chronic illness and disease, and dispensing and prescribing of medications.
5. Mental health services including screening, evaluation, diagnosis, treatment, and referrals.
6. Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, & HIV, as age appropriate.
7. Referrals for service not provided at the Hawai'i Keiki School Health Center.
8. Annual health questionnaire/survey.

HAWAII' I KEIKI AND STATE OF HAWAII' I DEPARTMENT OF EDUCATION FACT SHEET FOR PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION UNDER FERPA

My signature on the reverse side of this form (on page 1) authorizes release of my child's health records/information by the State of Hawai'i Department of Education as described in the paragraph below. Such records/information may be protected from release by federal and state laws, including the Family Educational Rights and Privacy Act (FERPA), which protects the privacy of students' educational records, including health records/information in some instances.

By signing this consent, I am authorizing my child's Hawaii Keiki School Health Program-related health records and information to be released by the State of Hawai'i Department of Education to the following parties for the purposes of providing medical treatment to my child, allowing providers providing services to my child to obtain payment for such services, and allowing certain other administrative activities relating to the provision of care:

- The University of Hawaii
- UCERA (the non-profit organization that provides Hawaii Keiki services in conjunction with the University of Hawaii)
- Any third party health care providers providing services to my child under the Hawaii Keiki School Health Program or through referrals from the Hawaii Keiki School Health Program
- Any third party payers who may pay or reimburse providers for health care treatment or services