

GENERAL INFORMATION
PLEASE FILL IN THE FOLLOWING INFORMATION FOR STUDENT (front and back)
(PLEASE PRINT)

Last Name _____ First Name _____ Full Middle Name _____

Date of Birth _____ Gender: **Male / Female**

Student's Social Security # _____

Mother's name _____ (maiden name) _____ cell # _____ work # _____
Father's name _____ cell # _____ work # _____
Email _____ Students Cell # _____

Address _____
PO Box/Street _____ City _____ Zip _____
County of Residence _____ How many people live in your house? _____

Home phone # _____

Race-(mark all that apply) Native American ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___ **Is student Hispanic Y / N or Latino Y / N**
Do you speak English? Y / N If not, which language? _____

Is student covered by Kentucky Medicaid? (Medical Card) Y / N
If applies circle MCO: AETNA / Well Care / Humana / Anthem / Passport
Policy # as listed on MA or MCO card: _____

Does student have health insurance? (Not Medicaid) Y / N Name of Insurance _____
Does insurance cover ALL immunizations? Y / N **If not, which ones are not covered?** _____

Name of child's primary care doctor _____ phone # _____

Who does the child live with?
Name _____ Relationship _____ Phone # _____

Is student in foster care? Y / N (If yes, consent must be signed by DCBS) **Case Worker** _____

In case of an EMERGENCY, if unable to contact parent, please give us at least 3 other people we can contact
(This should be same as school information) (Please contact school clinic if phone numbers change)

Name	Relationship to student	Home Phone #	Cell Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What grade will your child be in during the 2019-2020 school year? _____.

Who is your child's homeroom teacher for the 2019-2020 school year? _____.

If your child is in Preschool or Head Start, are they in the AM or PM class? _____

Sign on back 

Child cannot be seen in the school clinic without a signature from the parent, legal guardian, or Community Base Services' (DCBS) case worker.

Student should return form to homeroom teacher or school clinic. Consent is for the 2019-2020 school year.

(If student is in foster care, consent must be signed by DCBS Case Worker)
(If you have custodianship of student, we need a court order, notarized Power of Attorney or notarized Caregiver Affidavit)

Signature of Parent/Guardian

Date

I give my consent for _____ (Print student's name)
_____ (Birth date)
to receive services at the Hopkins County Health Department School-Based Clinic. Services might include: required school examinations, TB skin test, lead & urine test for Head start students, first aid, EPSTD screening or preventive dental screening. This consent will include permission to receive over-the-counter medications such as: Tylenol, Tums, decongestants, cough medicine, anti-nausea medicine, Ibuprofen, antihistamines, etc. Are there any over-the-counter medications that your child should not take? _____
I verify that I have received notice of privacy practice. **If Applicable**, I authorize billing for Medicaid services.

CONSENT TO HEALTH SERVICES

Family history (student's parents, grandparents, siblings): diabetes, stroke, elevated blood pressure, heart disease, TB, cancer, kidney disease, seizures, sickle cell, genetic/birth defects, HIV, or mental health problem(s)

1. Allergies (medications, food, latex, etc.) Y / N _____
2. Current medication(s) Y / N _____
3. Past surgeries/hospitalizations/transfusions Y / N _____
4. Has your child had chicken pox? Y / N If Yes, date _____ Was it diagnosed by a healthcare provider? Y / N _____
4. Long-term illnesses Y / N _____
5. Other concerns Y / N _____
6. Does anyone smoke inside the home or car? Y / N Are E-cigarettes/Juuls smoked inside the home or car? Y / N _____
7. Has your child been in contact with a person with tuberculosis or has your child traveled to or emigrated from a foreign country with a high rate of TB (Asia, Middle East, Africa, or Latin America)? Y / N _____
8. Has your child had exposure to the following risk factors for lead poisoning: peeling paint in a house built before 1978, a close family member with lead poisoning, a family member with an occupation that has lead exposure, living closely to a highly traveled highway, using folk remedies containing lead, eating food stored in old pottery, chewing on paint chips or eating dirt? Y / N _____

Please answer yes/no to the following. If the answer is yes, please explain: