

The Eagle's Nest Enrollment Form

Parents: Please complete and sign BOTH SIDES of this enrollment form that allows your child to use the School-Based Health Center for the 2008-2009 school year.

Please note, this is an OPTIONAL SERVICE and DOES REQUIRE an enrollment fee, unless you have MaineCare. If interested, you need to re-enroll each year for this service.
If you are not interested, you do not need to fill out or return this form to the school.

Date _____		
Student name _____ First MI Last	Date of birth _____	Social Security# _____
Race: White__ Black/African American__ Asian __ Am. Indian/Alaskan Native__ Native Hawaiian/Other Pacific Islander__ Two or more races__ Other race__		
Ethnicity: Hispanic/Latino(a)__ Non-Hispanic__		Gender: Male____ Female____
Address _____		ZIP code _____ Home phone _____
Grade _____ Parent/Guardian name & relationship _____		
Address of parent (if different): _____		
Home phone(s) _____		Work phone(s) _____
Cell phone(s) _____		E-mail _____
Doctor/PCP _____		Phone # _____

Health Insurance Information

*****Please send in a copy of insurance card if possible*****

Consent to Release Information to My Insurance Carrier

I authorize release of medical and related information, reportable communicable disease, and mental health records obtained in the course of diagnosis and treatment to my health insurance company or other third-party payer for the purpose of obtaining payment for service rendered. Authorization may be withdrawn at any time by written notification.

Signature of Parent/Guardian

Date

Consent to use the School-Based Health Center

I give permission for my child, _____, to use the School-Based Health Center for the 2008-2009 school year.

* I understand that my signature indicates that I have received a copy of the **Notice of Privacy Practices**.

* I understand that my signature also gives permission for The Eagle's Nest staff to access my child's school health record, share health information with my child's doctor or dentist, and share information with the school nurse or school social worker when it is deemed appropriate for treatment purposes.

* I give permission for the school nurse and clinic staff to administer as needed medications per the SBHC standing orders.

Parent/guardian signature _____

_____ Date

Student signature (if over 18) _____

_____ Date

***** Turn over – two-sided form, both sides MUST be filled out.*****

Health Insurance Cont.

Students and their families will not be charged in addition to the annual enrollment fee for medical services provided by the MSAD # 75 School-Based Health Center. MaineCare, CIGNA, Aetna, and Anthem Blue Cross insurance carriers will be billed. No co-pays will be charged to you.

The student is covered by: (Please circle all that apply.)

No insurance Health insurance MaineCare

MaineCare recipient I.D. number: _____

Insurance company: _____

Insurance co. address: _____

Insurance co. phone #: _____

Policy #: _____ Group #: _____

Insurance plan type: HMO PPO POS Blue Choice Comp-Care Federal Other _____

Name of **policy holder**: _____ Date of birth _____

Address of **policy holder**: _____

Place of employment of **policy holder**: _____

Relationship to student: _____

Student Health Information

Please list below any known medical issues or special health concerns that will help us manage your child's health needs.

Significant past illnesses, injuries, or hospitalizations: _____

Current health problems: _____

Current medications & dosages: Medication _____ Dose _____

Medication _____ Dose _____ Medication _____ Dose _____

Allergies _____

Family health history: Please circle where there is a family history of any of the following health conditions:

Heart attack Heart disease High blood pressure High cholesterol Allergies

Asthma Immune system disorder Diabetes Cancer Seizure disorder

Sickle cell disease Tuberculosis Alcohol or drug abuse Mental illness

Date of last tetanus shot: _____

Date of last complete physical exam: _____

Date of last dental appointment: _____

Dentist: _____

There is a \$20 enrollment fee.

If your insurance is billed (MaineCare, CIGNA, Aetna, Anthem), this will help you meet your deductible, and we charge NO co-pays.

Return this form to: MSAD #75 School-Based Health Center
73 Eagles Way
Topsham, Maine 04086

Or return to school with your child.