

2010-2011 Eagle's Nest Enrollment Form

Parents- Please complete both sides of this enrollment form that allows your child to use the School-Based Health Center for the 2010-2011 school year. You need to re-enroll your student each school year if you are interested in this service. This is an optional service in addition to the school nurse and does require an enrollment fee unless you have Maine Care.
If you have questions, call the Nurse's Office at 729-2951 x 264.

Date _____	
Student Name _____ First Middle Last	Date of Birth _____
Race: White__ Black/African American__ Asian __ Am. Indian/Alaskan Native__ Native Hawaiian/Other Pacific Islander__ Two or More Races__ Other Race__	
Gender: Male____ Female____	Ethnicity: Hispanic____ Non-Hispanic ____
Address _____	Zip code _____ Home Phone _____
Grade _____	Parent/Guardian Name & relationship _____
Address of parent (if different): _____	
Home phone(s) _____	Work Phone(s) _____
Cell Phone(s) _____	Email _____
Doctor/PCP _____	Phone # _____

Health Insurance Information

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 Authorization may be withdrawn at any time by written notification.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 2010-2011 school year.

* I understand that my signature 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 needed medications.

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

Parent/guardian signature _____ Date _____

Student signature (if over 18) _____ Date _____

Turn over-2 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. This will help meet your deductible. No co-pays will be charged to you.

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

No Insurance Maine Care Anthem/Blue Cross Cigna Aetna Other Insurance

Maine Care Recipient I.D. Number: _____

Social Security Number (optional): _____

Insurance Company: _____

Insurance Co. Address: _____

Insurance Co. Phone #: _____

Policy #: _____ Group #: _____

* Please send in copy of insurance card if possible (optional).

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

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, injury 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, \$10 for each additional child.

You will never receive a bill for services provided at the Health Center.

Return this form to: MSAD # 75 School Based Health Center

**73 Eagles Way
Topsham, Maine 04086**

Or return this completed form to school with your child.

We are located in the Nurse's Office.

Mt. Ararat High School Based Health Center

Phone: 729-2951 e.264

Fax: 725-0143