Gallup Community Health

GCH Campus Clinic

Parent/Student Consent Form

Student Last Name:_____ First Name: _____ M ☐ F ☐

Age:_____Date of Birth:_____Grade:_____ Phone Number: _____

Address: _____Zip Code: _____

School: _____ Parent/Guardian name: _____

Ethnicity: Hispanic or Latino? Yes ☐ No ☐

Race: ☐ American Indian or Alaska Native ☐ White/Anglo ☐ Asian ☐ Black, African American

☐ Unknown ☐ Other (please specify) _____

Preferred Language: _____

Your insurance may be billed for this service. No student needing care will be turned away due to lack of health insurance or ability to pay.

Please list student insurance information:

☐ Insurance:_____ number: _____

☐ None

Does student have a Primary Care Provider? ☐ Yes ☐ No Name_____ Phone_____

Known Allergies? ☐ Yes ☐ No. If yes, please explain:_____

☐ **I give permission** for my child to receive GCH Campus Clinic service; which may include medical, behavioral health, case management and/or dental care and for GCHCC staff to access my student's class schedule (for appointment purposes only) and to ask and receive information from the school about student's health history. This includes permission for the GCHCC staff to consult with and provide information and records to other healthcare, mental health providers, dental providers, including school health professionals, and for purposes of program evaluation and quality assurance. A copy of the HIPAA Notice of Privacy Practices is available upon request.

☐ **I do not give permission** for my child to receive GCHCC services

(New Mexico law allows for some services without parental consent)

Parent/Guardian Signature: _____ Daytime Phone:_____Date:_____

Emergency Contact:_____Daytime Phone: _____

Student Signature (18 yrs and older): _____Daytime Phone:_____Date:_____