PRIMARY HEALTH SOLUTIONS
SCHOOL-BASED HEALTH SERVICES
ENROLLMENT PACKET

Welcome to Primary Health Solutions School Based Health Services (SBH).

This center is very unique being school based. It offers the students and community member's access to medical care when it might otherwise not be available. We operate year-round and during the school year offer **NO COST** transportation from the schools in the districts where PHS provides services, to the health centers and back. The parents/ guardians are always welcome at the appointments but are not required to be there. After the first year, only items that change need to be completed. Examples - grade in school, school building, school district, addresses, phone numbers, medical history, insurance information, etc.

Once the student's completed consent and history are received, we will begin scheduling appointments for approved services. You will receive a notice of the student's appointment time by phone or note from school. If we do not receive a request to change the appointment, we will proceed as scheduled.

- Complete the required documents and return to school with the student or drop off at the health center.
- Scheduling may be delayed if there are missing documents or information is illegible.

Please feel free to contact us during regular business hours at **(513) 454-1111 or (937) 535-5060**, if you have any questions.

STUDENT INFORMATION & CONSENT FOR SERVICES				
Today's Date: Month / Day / Year	Student's Last Name:	Student's First Name:	M.I.	Student's Date of Birth: Month / Day / Year
Student's Current School:	Student's Current Building:	Student's Current Grade:	Student's Current School ID #:	

I consent to transportation services. This service includes transport/accompany to and from the SBHC by a school designee. I, the parent or guardian of the above-named student, release Primary Health Solutions, its Board members, its employees and authorized agents/representatives from any and all liability to personal injury or damage resulting from the transportation to or from the school for these purposes.

I give my informed consent for my child to participate in the following PHS school-base services:

Please check which services you wish your child to participate in:

☐ **All Services** ☐ **Medical** ☐ **Dental** ☐ **Mobile Dental** ☐ **Vision** ☐ **Telehealth**

PRIMARY CARE SERVICES

MEDICAL CARE including well child exams (includes work, daycare, and sports physicals), appropriate immunizations, tests and procedures necessary for infection control, clinical pharmacy services, appropriate behavioral evaluations, and treatment for illness or injury including over the counter medications unless emergency services are needed. Any necessary prescriptions will be sent to our PHS pharmacy which provides delivery unless the parent requests a different pharmacy.

DENTAL SERVICES

DENTAL SERVICES at the school based/mobile dental office include preventative care, dental examinations, x-rays, sealants, fillings, local anesthesia, tooth removal, and root canals, if necessary. Sealants and other preventive procedures will also be provided. The treatment plan will be provided and approved by the parents/guardian PRIOR to starting treatment.

VISION SERVICES

VISION SERVICES may include comprehensive eye examinations (including dilation), vision therapy, and fitting/ dispensing of vision correction.

By signing this consent, I agree to the terms and conditions regarding Payment for Services & Sharing of Health Information as explained in the accompanying Program Description form. I have also received and agree with the Patient Consent for use and Disclosure of Protected Health Information as explained in the Program Description form. I have received the Notice of Privacy Practices. I understand and agree that this consent will remain in effect until I revoke it or until my child is no longer enrolled in a school district where PHS provides services.

Parent or Guardian Signature or Patient/Student Signature (Only if 18 or older)	Parent/Guardian Printed Name or Patient/Student Printed Name (Only if 18 or older)	Date