



# OhioHealth Tiger Care Clinic 2019-2020 Parental Consent For Treatment



Student Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Consent for Medical Care / Treatment** I voluntarily give permission to OhioHealth Tiger Care Clinic certified nurse practitioner, physician, and staff to provide care for the above named student ("Student") during the 2019-20 school year. I understand that consent can be withdrawn at any time upon written notice to OhioHealth Tiger Care Clinic. This consent will automatically expire at the end of the 2019-20 school year.

I consent for my Student to be treated for minor acute illnesses or injuries, including the provision of basic laboratory services and tests, as determined by the OhioHealth Tiger Care Clinic certified nurse practitioner or physician to be in the best interest of my Student. Such minor illnesses or injuries include, but are not limited to: Allergy symptoms, Bronchitis, Common Cold Symptoms, Pink Eye, Flu Symptoms, Skin Rashes, Sprains/Strains, Sore Throat, and Urinary Tract Infections.

I understand it is my responsibility to follow up on the medical information received during any visit with my Student's personal physician or other healthcare provider. I understand that the OhioHealth Tiger Care Clinic does not assume responsibility for management of chronic conditions. I understand that if I am not able to be present with my student, he or she will receive a written summary and follow-up instructions and it is my responsibility to review these instructions.

I understand it is my responsibility to accurately communicate and update the OhioHealth Tiger Care Clinic about my student's chronic health conditions, medications, allergies, treatment preferences, etc. so that he/she can receive the most appropriate care possible.

I acknowledge that treatment at the OhioHealth Tiger Care Clinic is intended to address specific episodic illnesses or injury and is not intended to be a substitute for comprehensive care provided by a primary care or specialized physician or provider.

I understand that OhioHealth Tiger Care Clinic encourages the presence of a parent/guardian at all clinic visits. If that is not possible, the provider will call the parent/guardian on file to communicate about the visit; if a parent/guardian is not available, I understand that care will still be provided in accordance with this Consent. I understand that a visit summary may be shared with my child's Primary Care Provider to ensure continuity of care.

I understand that any necessary prescriptions will be transmitted to the pharmacy of choice listed on the medical information form. In order for the provider to make well informed decisions about my child's healthcare, I grant permission to the provider to obtain my child's medication history from the same pharmacy when necessary.

I voluntarily give permission for OhioHealth Tiger Care Clinic to obtain a copy of my Student's immunization record from the student's school, primary care provider and/or local health department.

**Financial Responsibility** I understand that OhioHealth will bill my Student's health insurance for services provided in the OhioHealth Tiger Care Clinic. I understand that I am responsible for any co-pays or deductibles or any amount not covered by health insurance. However, no child will be denied care due to the inability to pay for services. Neither OhioHealth Berger Hospital nor OhioHealth are financially responsible for any visits or testing, such as specialist evaluations, imaging, lab tests, medications, or durable medical equipment, that are provided outside of the OhioHealth Tiger Care Clinic.

**Notice of Privacy Practices** I have received/been offered a copy of OhioHealth Berger Hospital's Notice of Privacy Practices. I understand that if I have any questions regarding the information in OhioHealth Berger Hospital's Notice of Privacy Practices, I may contact the Privacy Officer at (740) 420-8399.

Parent/Guardian Name (Please Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_