Murdock School-Based Health Center
Murdock School Nurse's Suite – Room 218
3 Memorial Drive, Winchendon, MA 01475
Renee Boucher, RN, MSN, NP
Phone: 978-297-5052 Fax: 978-297-5430

Student Enrollment & Parent/Legal Guardian Consent Form

The *Murdock Health Center* is a school-based health center located in the Nurse's Office at *Murdock Middle High School*. The Health Center is operated by *Heywood Hospital* and works together with your child's Primary Care Physician and the Winchendon Public Schools to provide healthcare at school. All services provided by a Nurse Practitioner are free of charge. Services referred outside of the Health Center may require payment depending on insurance. Discussion with parent/guardian and primary care doctor notification are done prior to most treatments.

Services provided include: management of chronic illnesses, sport physicals and treatment of acute illnesses such as upper respiratory infections, ear infections, asthma and sore throats needing strep tests. Medication prescriptions such as antibiotics are provided when needed. Routine screening for healthy behaviors and risk factors. Other services include nutrition counseling, reproductive health, and fluoride varnish, as well as referrals for school based mental health and substance abuse counseling.

Murdock Health Center's primary goal is to provide healthcare services at school to keep students healthy, keep them in school, and empower them to make healthy lifestyle choices. Enrollment is optional.

For more information about the Murdock Health Center, please call
Renee Boucher NP (978)297-5052 or Rebekah Leonard, RN (978)297-4390
or
Visit the Murdock School's website and click the Health Center tab at the top of the page
Don't forget to "like" us on our
Murdock School Health Center Facebook page!

STUDENT INFORMATION (*PLEASE PRINT*)

Student Name ______________________________ Birth Date: ____/____/__________

Grade ❐ 6th ❐ 7th ❐ 8th ❐ 9th ❐ 10th ❐ 11th ❐ 12th Gender ❐ Female ❐ Male ❐ Transgender

Address: ______________________________ City: ______________________________

Home Phone: ______________ Email: ____________________ Family Doctor: ____________________

Parent(s)/Legal Guardian(s): ______________________________ Cell Phone: ____________________

Emergency Contact (other than parent): ______________________________

Relationship to student: ______________________________ Telephone: ____________________

Does your child have a health condition or illness such as Anxiety, Asthma, Depression or Diabetes? ❐ Yes ❐ No
If yes, please specify: ______________________________

Does your child take any medications? If yes, please specify: ______________________________

Does your child have any allergies to medications? If yes, please specify: ______________________________

RACE/ETHNICITY (Choose all that apply): ❐ American Indian ❐ Asian ❐ Black ❐ Caucasian (white)

❐ Hispanic/Latino ❐ Pacific Islander ❐ Unknown ❐ Other ______________________________

In what **language** do you prefer to discuss and/or read medical information? ❐ English ❐ Other ______________

Please continue on page 2 ⇨

Does your child have health insurance? ❒ Yes ❒ No
If you need assistance in obtaining health insurance, please call the Health Center at 978-297-5052.

If yes, what is the name of your primary insurance?

- ❒ Aetna
- ❒ Blue Cross Blue Shield
- ❒ Children's Medical Security Plan
- ❒ CIGNA
- ❒ Fallon (Non-MassHealth)
- ❒ Harvard Pilgrim
- ❒ MassHealth, *plans may include: Boston Medical Center HealthNet, Fallon Community Health, Neighborhood Health, Network Health, Health New England*
- ❒ Network Health Plan (Non-MassHealth)
- ❒ Tufts
- ❒ **Other** (specify plan): ______________________________

Health Insurance ID/Policy Number ___________________________________

Subscriber's Name ____________________________________ **Subscriber's Date of Birth** ______________________

Relationship to Student ❒ Father ❒ Mother ❒ Other (specify) ____

If insurance is private such as BCBS, Tufts or Harvard Pilgrim, is the plan ❒ HMO ❒ PPO ❒ unknown

Parent/Legal Guardian Consent Form

I/We understand that this consent covers only those services provided at the *Murdock Health Center* which are a result of a referral and does not authorize services rendered at any other private or public facility.

I/We hereby authorize a physician and other professional clinic staff to provide necessary and/or advisable treatment for my son/daughter. This student has my permission to receive all services offered at the *Murdock Health Center* for his/her entire academic career at *Murdock Middle High School*. I/We understand that no student or his/her family will be charged directly for services provided by the Nurse Practitioner at *Murdock Health* Center; however, co-pays may be required for referral services, including mental health. All third party payment sources will be billed. Grant funds will be used for services rendered to students without insurance.

Medical records will be kept in a confidential manner; however, I/we acknowledge that the *Murdock Health Center* may release information to my child's primary care doctor or to third party payers for the purpose of billing. Information may be shared between the *Murdock Health Center* and my child's PCP, *Murdock Middle High School* personnel and alternative providers to meet my child's health care needs when appropriate. I/We understand that public information such as immunization history or illness of a public health hazard may be shared with the Murdock Middle High School nurse to protect the health of other students or the Department of Public Health to protect the health of the public in accordance with the Massachusetts General Laws.

**Please note this consent remains active until your child graduates from Murdock. Yearly enrollments are not required, but are encouraged to keep your child's information up to date. Please call the Murdock Health Center at anytime if you no longer want your child enrolled.*

Signature of **Parent/legal Guardian**: ________________________________ ____/____/____
Date

Relationship to Student: ____________________________________