

Montgomery County Department of Health and Human Services
Linkages to Learning School Based Health Center

Enrollment Form

Please complete both sides of form

Student ID # _____

Child's Name _____	Home School _____	Grade _____
Birthdate _____	Social Security # ____ - ____ - ____	Gender ____ Race _____
Address _____		Home Phone _____
City _____	Stat _____	Zip Code _____
Country of Birth _____	Primary Language _____	
Parent/Guardian _____	Work Phone _____	
Non Parent Emergency Contact _____		
Contact's Relationship to Child _____	Contact's Phone _____	

I grant permission for my child, _____, to enroll in the *Linkages to Learning School Based Health Center*. I consent to his/her receiving services which may include complete physical examinations, treatment for chronic and acute health problems, limited diagnostic tests, dental evaluation, health education, case management and /or referrals to *Linkages to Learning* mental health and social services.

- The parent/guardian may or may not be present at the time services are provided, but will be notified by phone or in writing when a child receives services in the School Based Health Center.
- All School Based Health Center records are confidential and only the School Based Health Center staff and providers will have access to a child's School Based Health Center records and information.
- Services at the School Based Health Center will be provided by staff employed by or contractors with Montgomery County Department of Health and Human Services.
- I authorize the release of any medical or other information necessary to process insurance claims, if applicable and authorize payment of the medical benefits to Montgomery County for services rendered in the School Based Health Center.

I understand the description of services and policies of the School Based Health Center as stated above and give permission for my child to enroll and receive services in the *Linkages to Learning School Based Health Center*. I understand that this permission can be withdrawn at any time by submitting notice in writing.

Signature of Parent/Legal Guardian _____ **Date** _____

Print Name _____ **Relationship to Student** _____