summit community
CARE CLINIC
School Based
Health Centers

2021-2022
Park County School Based Health Center
Enrollment Form

Healthy Kids Learn Better



Students, siblings, family, and staff of Park County RE-2 School District may access SBHC services at South Park High School.

The School Based Health Center (SBHC) is a healthcare collaboration between Park County RE-2 School District and the Summit Community Care Clinic. The purpose of the Park County SBHC is to provide students with convenient access to basic medical, behavioral, and oral health services, in addition to the traditional school nurse and counselor services provided by Park County RE-2 School District. Parents or guardians must enroll in the SBHC before a student may use these services. Once enrollment is complete, students may access SBHC services at any time during the school year. Parents/guardians may revoke their enrollment at any time with written notice.

Students in grades 6-12 may go to the clinic unaccompanied by an adult, in which case SBHC staff will communicate visit information to the parent or guardian when a student attends a primary-care medical appointment. Any minor can consent for reproductive services without parental consent, and behavioral health services can be accessed without parental consent at age 15. Providers assess and determine if consent at this age is appropriate, according to the state outlined guidelines. SBHC providers will always encourage and support the involvement of parents unless otherwise indicated for treatment purposes. If discussion of trusted adult engagement was not performed, there must be documentation of why. Students in Pre-K through 5th grade must have a parent present with them for medical visits.

Enrollment in SBHC may allow for the provision and billing of the following services:
I consent to the provision of School Based Health Center services _____YES _____NO _____PLEASE INITIAL

Enrollment Information

Student First Name _____Last Name _____ Date of Birth _____ Current Grade_____
Student Social Security Number_____ Student Phone Number _____ (circle one)
Parent First Name _____ Last Name _____ Phone _____(mobile/landline)
Parent First Name_____ Last Name_____Phone_____(mobile/landline)
Physical Address _____ City _____ State _____
Zip Code _____ Mailing Address_____ City_____ State_____ Zip Code_____
Email Address _____ Student Email _____
Pharmacy _____

Immunization Consent

The Park County SBHC offers age-appropriate vaccines for students, staff, and families. Immunization appointments must be scheduled by a parent or guardian. I consent to the administration of age-appropriate vaccines for my student.

Signature Required _____ Date_____

epicpromise

Please Fill Out Both Sides of This Form

Healthy Smiles Program

Park County RE-2 School District, in partnership with the Summit Community Care Clinic and Vail Epic Promise, provides an oral-health screening, fluoride varnish and tooth sealant program at Park County Schools. There will be no out-of-pocket fees for these services. Please indicate which portions of the Healthy Smiles Program you would like your child to participate in.

- I give consent for my child to receive an oral health screening. ____Yes ____No
- I give consent for my child to receive fluoride varnish application. ____Yes ____No
- I give consent for my child to participate in the dental sealant program. ____Yes ____No

These services are covered by your dental insurance, or if you are uninsured, will only be **$25.00**.

- I give consent for my child to receive dental cleaning (prophylaxis). ____Yes ____No
- I give consent for my child to receive dental x-rays (radiographs). ____Yes ____No

When was your child's last visit to a dentist?

____0-6 months ago
____6-12 months ago
____More than a year ago
____Never

Financial Arrangements

Students, staff, siblings, and families of Park County RE-2 School District may seek services at the Park County SBHC. The SBHC will bill your insurance carrier directly.

- Park County SBHC encourages annual Well-Child Exams for children ages 0-18. Well-Child Exams are covered 100% by most insurance carriers.
- Well-Child Exams and Dental Cleanings not covered by insurance may be accessed for **$25.00!**
- Sports Physicals may be received for **$30.00!**
- Medical appointments not covered by private insurance will be discounted to **$45.00!**
- Behavioral health appointments not covered by private insurance will be discounted to **$15.00!**
- Uninsured persons may qualify for a sliding fee schedule
- Park County SBHC will see students, staff, and family members regardless of their ability to pay.

Please Indicate your student's insurance type and ID

___ Medicaid # _____
___ CHP ID # _____
___ PVT Insurance name _____ ID# _____
Group Number_____ Insured Subscriber _____
Date of Birth of Subscriber _____ Relationship to Insured _____
___ Summit Community Care Card
___ Uninsured
___ Unknown

I have read, understand, and consent to the services offered by the Park County School Based Health Center. I understand that my child's attendance, immunizations, demographic information, and school schedule may be shared to facilitate complete and quality healthcare for my child. Insurance may be billed for services provided at the Park County SBHC. I hereby acknowledge that I have been