



School Based Health Center

Blackstone Valley Regional Vocational Technical High School
65 Pleasant Street, Upton, MA 01568
P 508-529-7758 x3702
F 508-529-4021
www.valleytech.k12.ma.us



School Based Health Center Permission Form

Who Are We? The School-Based Health Center (SBHC) is a specialized teen health clinic located within Blackstone Valley Tech High School. We provide services to students supported by the Massachusetts Department of Public Health. Medical care is provided by a nurse practitioner affiliated with Milford Regional Medical Center, and mental health counseling services are provided by clinicians through Riverside Community Care. We work together with your child's Primary Care Provider to provide the best care for your child. The clinic is open in the health suite during school hours, on days that school is in session.

Services Provided - please see our website for more details: www.valleytech.k12.ma.us/sbhc

- Physicals: as needed for participation in athletics, extracurriculars, or work
Sick Visits: such as sore throat, ear discomfort, nasal congestion, cough, etc.
Mental Health: counseling through referral or student/family request

Student Name (First and Last) _____ Date of Birth _____
Year of graduation _____ Race/Ethnicity _____ Student ID Number _____

In what language do you/your student prefer to discuss and/or read medical information? _____

Does your child have any allergies to food or medications? If yes, please specify _____

Name of Primary Care Provider (if any) _____ Pharmacy _____

Health Insurance Information Your health insurance will be billed for visits. No money is exchanged in our health center. If your insurance does not cover the visit, you will not receive a bill for services rendered.

Insurance Name _____ Telephone # (from card) _____
Policy Holder's Name _____ Policy Holders Address _____
Policy # _____ Group # (if any) _____
Name of Employer _____ Address of Employer _____

If you don't have insurance or have billing questions, please contact the School Based Health Center at (508) 529-7758 x3702. PLEASE NOTE: Any changes to Insurance coverage, change in policy # and/or subscriber information, please notify the SBHC.

I give consent for my son/daughter to receive services at the School Based Health Center at BVT. I understand that I may withdraw this consent through a written request at any time during my child's enrollment at BVT. Otherwise, it will apply for the duration of my child's enrollment at BVT. I authorize all designated health center staff to provide necessary examinations, tests, evaluations, management, and treatment of my child's health care in accordance with the laws of the Commonwealth of Massachusetts M.G.L. Ac. 112 § 12.E, c.111 § 24.E, and c.111 § 117.

I consent to the exchange of all records and release of all information that pertain to my child between School Based Health Center staff including those employed by Riverside Community Care and Milford Regional Medical Center and BVT school staff as deemed appropriate. I authorize any referral to my child's primary care provider for health care that cannot be provided on site. I authorize the exchange of all records and release of all information between the School Based Health Center staff including those employed through Riverside Community Care and Milford Regional Medical Center and my child's medical and mental health care providers as appropriate. I understand that School Based Health Center records will be locked and maintained as confidential medical records separate from school records.

I authorize the School Based Health Center to release information regarding treatment to third-party payers or others for the purpose of billing or for any reason that may be required to comply with the statutes or regulations in accordance with accepted medical practice.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name (Please print) _____