



Updated April 5, 2019

**WINDOW ROCK HIGH SCHOOL TEEN WELLNESS CLINIC CONSENT FORM**

**SCHOOL YEAR 2019-2020**

Fort Defiance Indian Hospital Board (FDIHB) Inc., will be resuming Teen Wellness Clinic activities at Window Rock High School during the 2019-2020 school year. Services will be provided via the hospital's mobile health units, and are available to FDIHB, Inc. *beneficiaries* (American Indian and Alaska Native, Commissioned Officer or their dependents, or hospital employees or their dependents). *Non-beneficiaries* may be provided services only in cases of emergency.

The purpose of the Teen Wellness Clinic is to provide health care to teens that will enable them to be healthy and happy now and in the future. By providing services in the school setting, we hope to make care easily accessible and decrease absences from school. Appointments and referrals should be made through the School Health Office, through the School Counselors, or can be made by contacting the Mobile Health Program directly.

FDIHB, Inc., will provide health education, health promotion, and health services with a mix of counselors, certified nurse-midwives, pediatricians, family physicians, and other healthcare providers.

***I give permission for my child to receive health care at the Teen Wellness Clinic.\* I authorize FDIHB, Inc., care providers to conduct tests, procedures, and administer treatment and medications necessary and/or advisable for the evaluation and management of my child's health care.***

***I have filled out the student health history and family contact information on the reverse side and indicated any chronic illness, allergies, and bad reactions to medicine my child may have had in the past.***

\_\_\_\_\_  
Parents/Guardian

\_\_\_\_\_  
Date

**\*Note:** In accordance with Arizona legal requirements, parental consent is not required for minors to receive a diagnosis or treatment for a venereal disease (ARS 44-132.01). Patients 12 years of age and older can consent to their own care for treatment of drug problems (ARS 44-133.01). Minors may also consent to mental health screening in a clinical setting (i.e., clinic or doctor's office) (ARS 36-2272). The U.S. Supreme Court has ruled that contraception must be made available to minors. If a minor requests and consents to family planning (contraceptive) services, the provider may administer them without parental consent. FDIHB, Inc., will provide these services in accordance with the law, but will always encourage parental involvement.



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**STUDENT HEALTH HISTORY**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ FDIHB, Inc. Chart Number: \_\_\_\_\_

Are there restrictions for your child in physical activities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what? \_\_\_\_\_

Any bad reaction to medicine? If yes, explain: \_\_\_\_\_

Recent injuries or hospitalizations? \_\_\_\_\_

Chronic illness? \_\_\_\_\_

Allergies? \_\_\_\_\_

Currently taking any medications? \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Location: \_\_\_\_\_ Home location: \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**LEGAL GUARDIAN**

If not living with parents, name of legal guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home location: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**WHO SHOULD WE CONTACT IF WE CANNOT CONTACT YOU?**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Location: \_\_\_\_\_ Home location: \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_