

## 2022-2023 GPH School-Based Health Center Enrollment Form

Please complete and return to school

School Name: _____	School Grade Level: _____
Child Name (Last, First and Middle Initial): _____ (Same as on MaineCare card, if applicable)	Date of Birth ____/____/____ month/day/year
Gender (circle one): M F T Intersex	
Address _____	Zip Code _____ Homeless <input type="checkbox"/>
Parent Phone: _____	Voicemail Msg. Ok? Yes or No _____ Child's email address for Telehealth _____

Insurance Name _____	Policy ID# _____
Group # _____	Insurance Company address _____
Guarantor/Parent Name: _____	Phone # _____
MaineCare ID Number (Ends in A) _____	

**Are You Uninsured: Yes / No**

If you are uninsured, one of our financial *assistance* counselors will *contact you to discuss insurance* and our sliding fee scale options.

**Health Information:**

Primary Doctor/Health Care Provider: _____
My child had a physical exam within the last two years. ___ YES ___ NO ___ Unsure
My child will need immunizations this year. ___ YES ___ NO ___ Unsure
Does your child have Asthma? yes/no _____ Written Asthma Plan at school? YES/NO _____
Does your child have Diabetes? Yes/no _____ Written Diabetes Plan at school? YES/NO _____
Other Physical, dental or mental health problems: _____

**Self/Family Health History** – Please check family

history for any of the following health conditions:

- |                        |                         |
|------------------------|-------------------------|
| ___ Allergies          | ___ Diabetes            |
| ___ Immune disorder    | ___ Asthma              |
| ___ Heart disease      | ___ Mental illness      |
| ___ Alcohol/drug abuse | ___ High blood pressure |
| ___ High cholesterol   | ___ Tuberculosis        |

Child Race (check one or more):	___ White	___ Black, African, African American	___ Other Pacific Islander	___ Asian
	___ South/Central/North American Indian, Alaska Native	___ Hawaiian Native	___ Multiracial	
Ethnicity:	___ Hispanic/Latino	___ Not Hispanic/Latino		

Total Annual Household Income: _____	Total number of family members living in the household: _____
Guarantor Name (person responsible for child's healthcare bills): _____	Relationship to Child: _____

By signing this form, I am acknowledging and understand that:

- I have received and read Greater Portland Health's ("GPH") School-Based Health Center Information Letter, which explains what the GPH School-Based Health Centers are and what services and benefits they might provide for my child.
- GPH's School-Based Health Centers are a separate entity from the schools and from the school nurses' offices. They provide primary care assessments and a range of health care treatment in school-based locations while engaging in communications with other health care providers who may also be involved in the care of my child.
- This Consent is valid for the duration of my child's enrollment in the following school systems: Portland, Westbrook, or South Portland, unless earlier withdrawn by me in writing.
- I am required to review and sign the Authorization Form for the Use and Disclosure of Health Care Information in connection with my child's enrollment in GPH's School-Based Health Centers.

I have read this form completely and agree to enroll my child in the GPH School-Based Health Centers at this time.

✍ **Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_