



**GREENDALE PUBLIC SCHOOLS  
PATIENT CONSENT FOR HEALTH CARE SERVICES  
2016-2017**

***PLEASE READ THIS FORM CAREFULLY....***

In an effort to promote the health and well-being of GREENDALE PUBLIC SCHOOLS students, staff members and staff family members, GREENDALE PUBLIC SCHOOLS offers access to health care services at a school-based clinic at no cost. Such services are provided by a qualified Family Nurse Practitioner from Aurora Health Care. This consent form describes the services available at the school-based clinic as well as other important information.

You may opt to receive the following health care services at the School Clinic:

- Physical examination, health assessments, and screening for health problems.
- Diagnosis and treatment of common acute episodic illness' and minor injuries.
  - *Able to write prescriptions when required.*
- Education and assistance with management of chronic health care conditions.
- Health education and promotion (including smoking cessation, nutrition, and weight management).
- On-going health counseling services.
- Suggest referrals to other health care providers and agencies as needed.

***HERE'S HOW IT WORKS....***

- Middle and High School students, Grades 6-12, may self-refer or be referred by a parent/guardian or teacher.
- The parent or guardian will be promptly informed of all visits to the school clinic.
- Elementary level students, Grades 4K-5, must be referred by a parent/guardian. They cannot be seen without a parent/guardian present.
- There is no cost to the student or staff member for this service.
- The clinic cannot provide reproductive health care services, or test for sexually transmitted diseases. Some laboratory testing for acute illnesses are available.

**CLINIC HOURS ARE LOCATED AT THE MIDDLE AND HIGH SCHOOL:**

**Monday: GMS 9 am - 12:30 pm; GHS 1:00 - 3:00 pm**

**Wednesday: GHS 7 am - 11:30 am; GMS 12:00 pm - 3:00 pm**

**Friday: GHS 9 am - 12:30 pm; GMS 1:00 - 3:00 pm**

***GHS APPOINTMENTS - CALL JULIE MCFAUL AT 414.423.0110 \* 4801  
GMS APPOINTMENTS – CALL MARY REIFSCHNEIDER AT 414.423.2800 \*3040***

**We will keep this consent on file for the 2016-2017 school year.**

**(Staff and family members may scan and email this form or send interoffice to "Aurora – Nurse Practitioner" at Greendale High School.)**

*\*\* Note: Staff family members include spouse and children that are covered on the Staff Member's Greendale School District Insurance Plan.*



School: _____
Grade: _____

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**STUDENT / STAFF / STAFF FAMILY MEMBER INFORMATION (circle one):**

*(Staff - please include a separate consent form for yourself and each family member)*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Staff Member Name (if applicable): \_\_\_\_\_ Relation to above: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

Preferred Pharmacy and Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

**My signature constitutes my acknowledgement that I hereby consent that health care services may be provided at the Greendale School - Based Clinic. I hereby authorize Aurora Health Care Clinic Staff to provide health care services to my son/daughter or myself (if staff member or staff family as indicated below \*\*). Aurora has provided me with a link of its Notice of Privacy Practices, and I understand that this consent is valid for the 2016-2017 school year.**

**Aurora Notice of Privacy Practices**

<http://www.greendale.k12.wi.us/pages/Greendale/FamilyWellnessHealthServices>

**X** \_\_\_\_\_  
Signature

If signed by other than the patient, what is your relationship to the patient?

\_\_\_\_\_

*\*\* Note: Staff family members include spouse and children that are covered on the staff member's Greendale School District Insurance Plan.*