



LIFE Male STEAM Academy
SMART Health and Wellness Center



Enrollment and Consent Form

School Where Student is Enrolled: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student/Minor Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Zip: \_\_\_\_\_

Race (circle): White Black Asian More than One Race American Indian Native Hawaiian Other/Pacific Islander

Ethnicity (circle): Latinx / Hispanic Non-Latinx / Hispanic

Name(s) of Parent(s)/Legal Guardian: \_\_\_\_\_

Tel: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Primary Care Provider, if Applicable: \_\_\_\_\_

Contact: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Preferred Language: English Spanish Other (Specify): \_\_\_\_\_

If the Student Has a Social Security Number, Please Provide the Number: \_\_\_\_\_

Do You Have Health Insurance? Yes No If You Do, Please Complete the Following:
(CHIP)/Medicaid Recipient ID#:
HMO PPO Name of Insurance Co.: Policy #:
Name of Insured (i.e., Parent/Guardian): Group #:
S.S. # of Insured: \_\_\_\_\_

SMART® FAITHworks Health and Wellness Center, a 501c3 non-profit medical organization, supports student academic achievement and competency through the proactive provision of preventive, basic primary, behavioral health care, and urgent care for all LIFE Male STEAM Academy students, their families, school faculty, and staff to positively impact the trajectory of lives.

I authorize and consent to the enrollment of the above-named minor, of whom I am the parent or guardian. My consent will allow the qualified professional staff of the SMART® FAITHworks Health and Wellness Center, located within the LIFE Male STEAM Academy or any other SMART® FAITHworks Health and Wellness Center to be opened in the future in Pittsburgh, PA, to provide comprehensive medical and behavioral health services to my child.

- Services available to students, faculty and staff, and their families can include, but are not limited to, the following:
Preventive and Screenings: Wellness assessments, All CDC recommended immunizations\*, Vision and hearing screenings, TB screenings and referral to care, Routine diagnostic laboratory testing, Dental screening and referral to services, Risk factor screening and counseling
Basic Primary and Urgent Care: Physical and routine annual exams, Sports and employment physicals, Diagnosis and management of chronic health conditions, Screening, diagnosis, and treatment of routine illnesses and infections, Asthma treatment, Sprains, lacerations, minor burns, and injuries
Integrative Behavioral Health Care: General health assessments, Brief individual interventions, Group behavioral sessions, Assessment of stress/emotional problems, Family counseling to support students' needs, Outpatient psychiatric care

I understand that the SMART® FAITHworks Health and Wellness Center staff may request additional forms pertaining to certain types of treatment or procedures for my child. I further understand that the medical records maintained by the SMART® FAITHworks Health and Wellness Center are confidential. I authorize the school to release medical and school records to the SMART® FAITHworks Health and Wellness Center team, and for the SMART® FAITHworks Health and Wellness Center to release medical records to the school program and to my health care provider, and I understand that this information will be used to facilitate my child's care and shared to evaluate and improve services provided.

X
Parent/Legal Guardian Signature \_\_\_\_\_ Parent/Guardian Printed Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\*We follow the recommendations of the US Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics and strongly prescribe all CDC recommended immunizations, including DTaP/Tdap/Td/IPV/Hep B/Hep A/MMR/Varicella/MCV4/HPV/Flu. Vaccine information statements may be viewed at the following website: www.immunize.org/vis. As part of our services, your child will be offered the flu vaccine every fall. If you do NOT want your child to receive the flu vaccine, please check this box [ ]

