

School-Based Health Cover Sheet

PART ONE: ALL VISITS	
Date of Visit:	
Student Name:	
Student Date of Birth:	
Reason For Visit:	
Is this <i>visit</i> confidential?	
PART TWO: DENTAL/IZ VISITS ONLY	
Consents on File <input type="checkbox"/> NO CONSENT ON FILE	<input type="checkbox"/> Dental <input type="checkbox"/> Immunization
Consent Completed by	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (documentation on file)
Type of Consent	<input type="checkbox"/> Hand written <input type="checkbox"/> Docusign <input type="checkbox"/> Verbal
For immunization visits	<input type="checkbox"/> Consent form attached? <input type="checkbox"/> Completed Vaccine Screening Questionnaire attached?

Notes:

*Acceptable forms of consent include hand-written consent or docusign consent. Verbal consent may be obtained as long as 2 of the following SBH staff – HCC, medical provider, health educator, student/resident/fellow – take the consent and document consent on BOTH the verbal consent form and in an Epic phone note.

*RingCentral texts or emails are NOT acceptable forms of consent

*Legal guardians must submit court documentation verifying status prior to being able to consent for services

*Students 18+ and mature minors may consent for themselves