



**Sports physicals.
Work permits.
Vaccines.**

**You can get help
with all these needs –
at school.**

**Nationwide Children's Hospital has a doctor's
office at **Northland High School** in room **131**.**

SAME-DAY APPOINTMENTS MAY BE AVAILABLE.

We can:

- Help when you have a sore throat, bad cough, earache, headache
- Give shots
- Do blood work
- Perform checkups
- Send medication to the pharmacy
- Provide sports physicals
- Treat asthma
- Help with work permit physicals
- Treat anxiety, depression and ADHD
- Test for pregnancy or sexually transmitted infections
- Provide education on birth control
- Connect you with a doctor
- Treat diabetes
- Provide the COVID-19 vaccine and booster
- And more

See the school nurse or call (614) 355-2590 to schedule an appointment or for more information.

Learn more at [NationwideChildrens.org/Care-Connection](https://www.nationwidechildrens.org/Care-Connection) or scan the QR code.



Interpreters available. Interpretes disponible. Turjumaano ayaa jooga. दोभासे उपलब्ध छ

The services provided are not meant to replace your pediatrician or family doctor.

When you have any medical need, your first call should always be to your pediatrician or family doctor who knows you best. Just like a doctor's office, we accept Medicaid and other insurance. No child will be denied care due to inability to pay for services.





NATIONWIDE CHILDREN'S HOSPITAL SCHOOL-BASED SUPPLEMENTAL HEALTH SERVICES CONSENT FORM

Office Use Only
Patient ID:

Columbus City School District ("CCSD") and Nationwide Children's Hospital ("NCH") are partnering to offer School-Based Supplemental Health Services (including Behavioral Health) to CCSD students. The goal of this program is to help improve the health and well-being of students so they can be successful in school. The purpose of the school health services offered is to provide quality healthcare in a friendly and familiar school setting at a time that is convenient to the student and family. We are NOT trying to replace your regular source of healthcare. **School nursing and emergency services will still be provided as always whether you consent to participate in the program or not.**

Student / Family Information (Print all information in ink.)			
Student's First & Last Name:	Student's Date of Birth (month/day/year):	School:	Grade:
Parent/Guardian First & Last Name:	Relationship to Student:	Phone Number:	Preferred Language:
Street Address:	City:	State:	Zip Code:

Health Provider Information	Insurance Information
Date of student's last physical _____ <input type="checkbox"/> No physical in last 12 months	<input type="checkbox"/> Medicaid <input type="checkbox"/> Molina <input type="checkbox"/> Caresource <input type="checkbox"/> Other
Doctor's Name/Address/Phone _____	<input type="checkbox"/> Private Insurance Plan
Pharmacy Name / Location _____	Insurance Name _____ Insurance address _____
	Group & ID # _____
	<input type="checkbox"/> NONE, please connect me to NCH financial counselor.
	<i>All services provided are billed to insurance. If you do not have insurance, NCH will connect you to financial assistance. No child is denied services for inability to pay.</i>

I consent to allow the NCH health care providers who are providing services at CCSD to perform the following services / treatment and vaccines for the above referenced student:

Consent for Medical Care / Treatment	
Below, place an X next to each service.	
<input type="checkbox"/>	Care and treatment for any injury/illness
<input type="checkbox"/>	Physical examinations / well-child (i.e. sports, work, school) Note: Well-child care includes vision and hearing screening, urine and blood tests, and an external genital exam when appropriate.
<input type="checkbox"/>	Behavioral Health early prevention and wellness groups. Skill Building – social emotional learning and development of coping skills. (Your insurance won't be billed for prevention and wellness groups)

Consent for Vaccinations	
I wish to have ALL vaccines available for my student.	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO (If no, make selections below)	
Required Vaccines* for school attendance in Ohio.	Recommended Vaccines* but not required to attend school by the Ohio Department of Health.
<input type="checkbox"/> DTaP / Tdap / Td	<input type="checkbox"/> Influenza (flu)
<input type="checkbox"/> Meningococcal / Men B	<input type="checkbox"/> HPV
<input type="checkbox"/> MMR	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Hib
<input type="checkbox"/> Hepatitis B	*Age appropriate, following the American Academy of Pediatrics vaccination schedule

By signing this consent, a copy of which will be provided to me, I agree to the terms and conditions regarding Authorization to Release and Share Information and the Assignment of Insurance Benefits, each set forth on the following page. I also acknowledge that I have received information about how to receive a Notice of Privacy Practices as explained on the following page. I understand that this consent will remain valid throughout the current 12-month academic year commencing August 1, unless revoked. I understand that I may revoke this consent for treatment at any time by making a written request to NCH to have me/my child removed from the services. I have reviewed the School-Based Supplemental Health Services Information for Parents & Students summary attached to this consent, and I understand the services available. It is my responsibility to tell NCH about changes in insurance coverage, and to notify the school nurse and NCH with all updates or changes to my child's health condition(s), immunization records, or medications. I will be notified of any services my child receives (subject to applicable law), as well as any abnormal findings and/or further treatment recommendations. For questions related to any services my child receives I understand that I should call the phone number listed on the After Visit Summary which will be sent home with my child.

X _____
Parent/Guardian *Printed Name* (if student less than 18)

X _____
Parent/Guardian *Signature* Date/Time

X _____
(if student 18+) Student *Printed Name*

X _____
Student *Signature* Date/Time

Student Health History

Select and describe if your student has or has had any of the following:

Medications <input type="checkbox"/> YES (list below) <input type="checkbox"/> NO	Allergies <input type="checkbox"/> YES (explain below) <input type="checkbox"/> NO	Surgeries (when?) <input type="checkbox"/> YES (explain below) <input type="checkbox"/> NO	Other medical problems or health concerns <input type="checkbox"/> YES (explain below) <input type="checkbox"/> NO
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
Please explain any other medical information:			

Privacy Practices & Authorization to Release Information

Notice of Privacy Practices Acknowledgement: I have been notified that NCH's Notice of Privacy Practices is available upon my request at any CCSD school building where services are provided. I can also view the Notice of Privacy Practices online at <https://www.nationwidechildrens.org/your-visit/medical-records/privacy-notice>.

Assignment of Insurance Benefits: Insurance or other health coverage programs are billed whenever possible to help cover the cost of care. I assign to NCH, all rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, or any other programs that I identify for which benefits may be available to pay for services provided to me through the School-Based Supplemental Health Services. To find out if you are eligible for financial assistance, call the Care Connection staff at your child's school, contact Financial Services at (614) 722-2070 or visit NationwideChildrens.org/Financial-Assistance.

Authorization to Release Medical Information: I hereby authorize NCH and CCSD to share/release/exchange information with school nurses, school counselors, school social workers and/or school administrators about my/my child's physical and/or mental condition, including, but not limited to, information regarding services provided to me/my child at school for treatment purposes, care coordination and/or educational purposes. I understand this information will be kept confidential. I also hereby authorize NCH to share/release/exchange all such information with my doctors, my referring doctors, or referring/referral health care providers; and/or to any insurance company or organization that helps pay my bill. NCH may also give information to any welfare organization, to which I have applied or may apply for aid. Administered immunizations will be entered into the statewide immunization information system, *Ohio ImpactSIIIS*. I understand that CCSD is covered under the federal regulations that govern the privacy of educational records and that any personal health information disclosed under this authorization may be protected by those regulations. Re-disclosure of alcohol and drug abuse information is protected by Federal Confidentiality Rules (42 CFR Part 2) without written consent of the person to whom it pertains or as otherwise permitted. Federal Rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient (52 FR 21809, June 9, 1987; 52 FR 41997, November 2, 1987). My/my child's records are protected and can only be accessed by authorized users with restricted access. I understand that this authorization will remain valid throughout my child's enrollment at CCSD for the current 12 month academic year commencing August 1, unless I revoke this authorization. I may revoke this authorization at any time by providing written notice of my intent to revoke to CCSD and/or NCH. I understand that I am not required to sign this authorization form and that NCH will not condition treatment, payment, enrollment, or eligibility for benefits on this signed authorization. The health information used and/or disclosed as a result of this authorization may be subject to re-disclosure by the person or entity receiving such information. At that point, it is no longer protected by the federal privacy regulations. Neither NCH nor CCSD is responsible for the use of information, in whole or in part, by third parties. This authorization is given without promise of compensation. I have received a copy of this form and I understand that I have the right to inspect or copy any health information disclosed (reasonable copying fees may apply to any copying services). This authorization includes the use and/or disclosure of information concerning HIV testing or treatment of AIDS or AIDS-related conditions, any drug or alcohol abuse, drug-related conditions, alcoholism, and/or psychiatric/psychological conditions to the above-mentioned entity.

NATIONWIDE CHILDREN'S HOSPITAL SCHOOL-BASED SUPPLEMENTAL HEALTH SERVICES INFORMATION FOR PARENTS & STUDENTS

School-Based Supplemental Health Services are being offered to any student through a partnership of Columbus City School District (CCSD) and Nationwide Children's Hospital (NCH). The goal is to help improve the health and well-being of students so they can be successful in school and life. **No child will be denied care due to inability to pay for services.**

For Your Child To Receive School-Based Supplemental Health Services

1. Keep this handout for your information.
2. **Carefully complete and sign the consent form** (2 pages).
3. **Return the consent form** to your child's school nurse or front office.
4. The NCH Notice of Privacy Practices forms are available upon request at any CCSD school building that hosts NCH services during the current 12-month academic year. They can also be viewed online at <https://www.nationwidechildrens.org/your-visit/medical-records/privacy-notice>.
5. The signed School-Based Supplemental Health Services Consent Form will remain valid throughout the current, 12-month academic year commencing August 1, unless revoked by you, in writing, to have your child removed from services.
6. Questions? Talk with your school nurse or call 614-355-2590.

Nationwide Children's Hospital Services

School-Based Behavioral Health Program - Provides in-school and in-home services to students and their families who have barriers to school success not related to school work (such as attendance problems/school avoidance, disruptive behavior in class, depressed mood, excessive worry, anger outbursts, panic attacks, bullying, alcohol or drug use/abuse, family conflict, reactions to traumatic events, grief/loss, peer conflict, social isolation, loss of interest/motivation in life or fun activities, or suicidal thoughts, comments and/or actions). Services include therapy and family interventions. School-based clinicians typically have two contacts per week with the student, including home visits involving the family, as well as meeting with school staff. Ongoing (24/7) crisis support is also provided for students involved in the program. Sessions continue through school breaks and snow days; referrals may be made for psychiatric care or other NCH programs, if needed. The length of treatment varies depending on the needs of the student and family. Medicaid or your private insurance will be billed for these services. To the extent any of these services are not covered by your insurance, you may receive a bill. Prevention and wellness groups are also offered. These groups focus on skill building related to social emotional learning and development of coping skills. Medicaid or your private insurance will not be billed for prevention and wellness groups.



School-Based Primary Care Services - A nurse practitioner provides health services for children and adolescents in many Columbus City Schools. The goal of providing care at school is to keep your child healthy with regular physical exams; vision, hearing and developmental checks; and immunizations against diseases. Nurse practitioners may also be available to see your child when they are sick or injured and for specialized care including sports physicals and reproductive health. You and/or your teenager may have concerns about their reproductive health. Our nurse practitioners can also provide health education and care about menstrual (period) problems; abstinence counseling and pregnancy prevention; STD screening and treatment; and referrals to other health providers, if needed. To help teens lead a healthy life, information and services will be given about healthy weight, drug, alcohol and tobacco use prevention, and how to avoid teen pregnancy and sexually transmitted diseases, including HIV/AIDS. Unless prohibited by law from doing so, a summary of services provided and recommendations for follow up (if needed) will be sent home with your child and will also be sent to your child's primary care physician. A *Vaccine Information Statement* (VIS) handout that explains the benefits and risks of an immunization will be sent home with your child the day each immunization is given. This information on all immunizations is also available at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Medicaid or your private insurance will be billed for these services. To the extent any of these services are not covered by your insurance, you may receive a bill. To find out if you are eligible for financial assistance, call the Care Connection staff at your child's school, contact Financial Services at (614) 722-2070 or visit NationwideChildrens.org/Financial-Assistance.

