

**VIDA Y SALUD-HEALTH SYSTEMS, INC.
AND
LP SCHOOL BASE CLINIC**

CONSENT FORM

Please return this consent form with the registration form to the office of the school nurse. The school nurse or staff from the School-based Health Clinic is available at La Pryor School Base at 830-365-4526. If you have any questions regarding the health center you may call the Director of Clinical Operations at 830-374-2301, ext. 122. **Consent form must be renewed each year.**

Students Name: _____ Grade: _____

Birth Date: _____ Age: _____ Social Security Number: _____

Major Medical Problems: _____

(Please Check One) I DO _____ I DO NOT _____ give my son/daughter permission to receive services offered by the School-based Health Clinic. I further understand that I may revoke this authorization at any time.

I, _____ authorize Vida Y Salud - Health Systems, Inc. providers and other clinic personnel* to administer such medications and to carry out examinations and diagnostic procedures that may be deemed necessary and/or advisable for my health care during my enrollment with the School-based Health Clinic.

I voluntarily request and give permission for these services. I have read and understand what I am signing and I also understand that there are no guarantees resulting from these services.

*General Practitioners and or Physician Assistant

(Note Exception Below)

I give my permission for the School-based Health Clinic staff to obtain and or release copies of medical records and other information from and to health care providers who care for my son/daughter. Confidentiality and security of my records will be maintained.

Print Name of Patient

Parent Guardian Signature

Date

Daytime phone of parent/guardian

Home Phone Number

Witness

Date

NAME OF LICENSED PHYSICIAN ASSISTANT & DENTIST AND ADDRESS AND TELEPHONE NUMBERS:

1. Tony Moreno, PA-C (Medical) 308 Cesar Chavez Ave., Crystal City, Texas 78839 830-365-4526

PLEASE USE "BLACK INK" ONLY