

## Consent Form

## 24-Hour Access

I give consent for:

- My son/daughter to receive medical and/or behavioral health services at the Student Health Center at Peabody Veterans Memorial High School, a satellite facility of North Shore Community Health.
- My child's health information to be shared with the school nurse, guidance counselors, school administrators, his or her primary care provider and other health center or school staff as deemed necessary by the treating provider.

I authorize:

- A health care provider or other health center staff to give needed examination, medical tests, evaluations and management of my child's health in accordance with the law of the Commonwealth of Massachusetts.
  - Any referral to my child's primary care provider or specialist concerning needed follow up care.
  - The Health Center to release information regarding the care and treatment of my child received to any third-party payer for the purpose of billing or for any reason that may be required to comply with the statutes or regulations in accordance with accepted medical practice.
- I understand my son/daughter:

- Will not receive services, except in an emergency or as allowed by the laws of the Commonwealth of Massachusetts at the Health Center unless a consent form is on file.
  - Can receive care using this signed form for the duration of my child's enrollment in the Peabody Public School system.
- I understand I:
- May request in writing for consent to be withdrawn for my child at any time during my child's enrollment in the Peabody school system.



All enrolled students at the Student Health Center have access to care at each of our sites and 24-hour access to medical telephone on-call services.

### Peabody Family Health Center

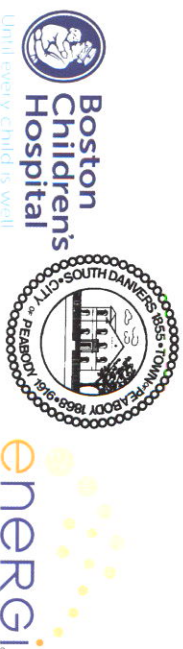
89 Foster Street, Peabody MA 978-532-4903

### Salem Family Health Center

47 Congress Street, Salem MA 978-744-8388

### Gloucester Family Health Center

282 Washington Street, Gloucester, MA 978-282-8899



### North Shore Community Health

Administrative Offices

27 Congress Street, Suite 504

Salem, MA 01970

Phone: 978-744-8388

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[www.nsch.org](http://www.nsch.org)



## PEABODY VETERANS MEMORIAL HIGH SCHOOL

## STUDENT HEALTH CENTER



### Healthy Choices,

### Healthy Students,

### Healthy Teens

**ROOM B110**

**(978) 536-4720 FAX: (978) 536-4760**

A Satellite of North Shore Community Health



Signature of Parent/Guardian

Date