



## ACADEMIC YEAR 2018-19

Dear Parent,

Your child's school has been selected to participate in a program operated by the University of Miami Department of Pediatrics which offers free health services to all students at **no cost to you**. As a member of the clinic, your child will receive access to all health services and over the counter medications as needed. Pediatricians, nurses, psychologists and social workers will provide traditional school health services including:

- Physical exams including new entry and sports physicals
- Sick Visits
- Blood / urine tests
- Medication administration (including over the counter medication)
- Health screenings
- Vaccinations recommended by the CDC
- Chronic disease management
- Social Services
- Fluoride varnishes
- Vision/Hearing/Dental Screening
- Subspecialty referrals
- Nutrition Evaluation/counseling
- Mental health screening / counseling
- Psychology consultation
- Tuberculosis testing
- Adolescent Health Services\*
- Telemedicine Services\*\*

\* Adolescent health services are provided at the Middle and Senior High Schools only.

\*\* Telemedicine services will allow your child to be seen remotely (via video) by UM physician or Nurse Practitioner based at the schools as well as specialists on an as needed basis.

In order to receive these services, **you must complete all required sections of this packet and sign the consent to treatment and patient privacy page**. If you have insurance, a claim may be submitted for the service. There will be no charge to you. Once your child is a member of the clinic, he/she will receive all services listed above including over counter medications when appropriate, recommended vaccinations, health exams and screenings. **If you wish to opt out of any service, please submit your request in writing to the school nurse.**

It is our goal to contribute to the physical, mental and social well-being of each student.

Sincerely,

Dr. Lisa Gwynn  
Medical Director

Dr. John T Macdonald Foundation School Health Initiative  
University of Miami Department of Pediatrics  
1601 NW 12<sup>th</sup> Ave. Miami, FL. 33136  
(305) 243 - 6131

## Student Information

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Sex: ☐ Male ☐ Female Grade: \_\_\_\_\_

School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Ethnicity: ☐ Caucasian American ☐ African-American ☐ Hispanic ☐ Asian / Pacific Islander ☐ Multi-ethnic

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell: \_\_\_\_\_

## Parent/ Guardian (Emergency Contact)

Full Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Date of Birth (Required) \_\_\_\_\_

## History

	Yes	No	Please comment on all yes answers.
Medical Conditions	( )	( )	_____
Medications	( )	( )	_____
Allergies	( )	( )	_____
Surgeries	( )	( )	_____
Family History	( )	( )	_____

Please list any other medical problems or chronic conditions the doctors and nurses should be aware of.

\_\_\_\_\_  
\_\_\_\_\_

## Insurance & Pharmacy Information

Does your child have medical insurance? ☐ Yes ☐ No Insurance Expiration Date (mm/dd/yyyy) \_\_\_\_\_

THIS INFORMATION MUST BE COMPLETED IF YOUR CHILD HAS INSURANCE.

Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_ Policy Holder's DOB (mm/dd/yyyy) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Patient's Policy ID #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_