



# New Hanover High School Wellness Center Parent/Guardian Consent Form School Year 2011-12

**Please sign and return this form to the main office at New Hanover High School  
Attn: Wellness Center or fax it to (910) 790-9996**

Dear Parent/Guardian:

All students seeking healthcare at the New Hanover High School Wellness Center must have written, parental authorization to participate and receive needed services or as may be required by N.C. law or ethical guidelines for medical professions. If you have any questions, please visit our website ([www.whatswhat.org](http://www.whatswhat.org)) or call us at (910) 763-4988.

I, \_\_\_\_\_ (please print), hereby grant permission for my child,  
\_\_\_\_\_  
\_\_\_\_\_ (please print), to participate in the activities and services offered by the New Hanover High School Wellness Center in partnership with Wilmington Health Access for Teens.

I authorize **ALL** services and activities offered by the New Hanover High School Wellness Center (**please circle here: Yes or No**)

**OR**

I have the option to **SELECT** from the following (**please circle below Yes or No for each listed service**):

1. Conducting of interviews, tests, and questionnaires for student or project evaluation purposes.	Yes	No
2. Release of confidential information (financial, public assistance, medical, and all educational records) to qualified professional staff of the New Hanover High School Wellness Center as needed. Also, from the New Hanover High School Wellness Center to other qualified professionals for purposes of health care, insurance/Medicaid claims, or to access needed services for my child.	Yes	No
3. Referrals to other agencies for specific services (e.g. health, public assistance, counseling, psychological testing, etc.).	Yes	No
4. Authorization for my child to be transported on trips for appointments, meetings and other activities.	Yes	No
5. If my child is currently a Medicaid recipient, authorization for my child to have transportation arranged or provided by the New Hanover County Department of Social Services for medical appointments or related services.	Yes	No
6. Participation in services specified in my child's individualized student/family plan, such as counseling, health instruction and cultural enrichment.	Yes	No
7. Health care related activities and services that could include:		
a. Physical health appraisal including acute care, sports injury, preventive health care	Yes	No
b. Laboratory services including screening	Yes	No
c. Appropriate health education, health promotion, and injury prevention	Yes	No
d. Immunizations ( <b>See #12</b> )	Yes	No
e. Nutrition and physical fitness counseling	Yes	No
f. Dental screening and referrals	Yes	No
g. Participation in management of chronic illness such as asthma, diabetes	Yes	No
h. Mental health assessment, counseling, and referral ranging from emergencies to follow-up care including depression, self-destructive and violent behavior	Yes	No
i. Substance abuse prevention, assessment, counseling, and referral for treatment	Yes	No
j. Adolescent growth, reproductive, and development information, services, and counseling	Yes	No
k. Education, prevention, and treatment of sexually transmitted disease, including HIV and Hepatitis B	Yes	No

