Manet Community Health
At Taunton Public Schools

Enrollment Form

Manet at TPS does not collect co-pays and provides care regardless of ability to pay.

Please notify us if there are any changes in your child's medical history or medications during the year.

Patient's Name: (first) _____ (last) _____

Date of Birth: _____/_____/_____ Sex Assigned at Birth: ○ Male ○ Female

Address: _____

Phone Number: _____ Patient/student email address: _____

School: _____ Preferred language at home: _____

Ethnicity: ○ Hispanic ○ Non-Hispanic

Race (you can specify more than one):

American Indian/Alaska Native Asian White Black Native Hawaiian/Pacific Islander

Unknown/Not Specified Other (specify): _____ Prefer not to answer

Health Information:

1. Does your child have a primary care provider (PCP)? ○ YES ○ NO PCP Name: _____

2. Is your child taking any medication now? ○ YES ○ NO

If yes, please list: _____

3. Please check any conditions your child has EVER had:

Diabetes Hepatitis Epilepsy/Seizures Kidney/Liver Disease Cancer Asthma HIV/AIDS

Tuberculosis Immune Disorders Heart Conditions Autism/Developmental Disability Blood Disorders/Anemia

4. Does your child have any other health conditions? If yes, please list: _____

_____

5. Does your child have any allergies? If yes, please list: _____

Medical Insurance:

Please complete A, B or C to the best of your ability.

A. ○ Private Insurance Company: _____

Policy #: _____ Group ID #: _____

B. ○ MassHealth/Medicaid: ID #: _____

C. ○ No Insurance Would you like assistance with insurance enrollment? ○ YES ○ NO

I understand that these services are available to my child as needed and are extension of but not a replacement for my child's existing providers. I give consent for my child to receive health services at any of the school-based health centers offered by Manet Community Health. I authorize a health practitioner to provide physical, vaccines, and behavioral health services for my child in person or through a secure telehealth platform. I give permission for necessary medical tests, evaluations, and management of my child's health care.

I also consent to the exchange of health and demographic information between the health center providers, school nurse, school adjustment counselor, and any other medical professionals that may be needed, either verbally or through the school's student information system. I understand that my child's health record will be securely maintained by Manet Community Health as a confidential medical record; it is not a school record. I also understand that confidentiality will be observed between the staff and any child using the school-based health center.

The school-based health centers take part in the Massachusetts Immunization Information System (MIIS). MIIS is a confidential statewide system to keep track of immunization records for children and adults. To limit who can see your child's information, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing" form, which you can get from your healthcare provider.

I further authorize Manet Community Health to release information regarding treatment to third party payers or others for billing purposes and for any reason that may be required to comply with statues, laws or regulations in accordance with accepted medical practice. I have the opportunity to review a copy of the HIPAA privacy notice. I have read and completed this consent form and understand that this consent form will be in effect as long as my child is enrolled at a school affiliated with Manet Community Health unless I notify the school health center in writing.

Parent/Guardian Signature: _____ Print Name: _____

Parent/Guardian Phone Number: _____ Parent /Guardian Email: _____

Relationship to Patient: _____ Date: _____

PLEASE BE SURE TO SIGN THIS FORM BEFORE SUBMITTING

For questions regarding Manet Community Health at Taunton Public Schools please call **857-358-7260**.

Privacy Notice: https://www.manetchc.org/privacy-notice/