



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 be dismissed from class to receive health services at the school-based health center offered by Manet Community Health during school hours as needed.** 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 center takes 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 statutes, 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 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** in person or via email to [ManetTPS@manetchc.org](mailto:ManetTPS@manetchc.org). For questions regarding Manet Community Health at Taunton Public Schools please call **857-358-7260**. **Privacy Notice:** <https://www.manetchc.org/privacy-notice/>