



Student Registration & Consent Form

VNA Health Center at East Aurora High School

For Students of East Aurora School District 131

Convenient services for students include, but are not limited to:

- School physicals and immunizations
- Sports physicals
- Acute illness and injury care (e.g., ear infections, sore throats, or sprained muscles)
- Chronic illness care (e.g., asthma, diabetes, or seizures)
- Reproductive health services (e.g. menstrual issues)
- Nutrition and healthy lifestyle counseling
- Wellness exams and routine health screenings
- Lead screening, TB tests, and other laboratory services
- Smoking, vaping, alcohol and drug use prevention education
- Mental and behavioral health services for ADHD, stress, depression, emotional support
- Referrals for vision, dental, family counseling, and other services

Student/Patient Information:

School Name: _____ School ID #: _____ Grade: _____

Name: _____ Date of Birth: _____

Gender (Check One): ☐ Male ☐ Female ☐ Intersex ☐ Transgender ☐ Other: _____

Race (Check One): ☐ Asian/Pacific Islander ☐ Black/African-American ☐ White ☐ Native American/Aleutian
☐ More than One Race ☐ Other: _____ ☐ Decline to Report

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Decline to Report

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ **Home Phone #:** _____

Work Phone #: _____ **Employer:** _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Other: _____

Emergency Contact Name: _____ **Relationship:** _____

Home Phone #: _____ **Work Phone #:** _____

Doctor or Clinic: _____ **Phone #:** _____

Medical Coverage

VNA accepts students without insurance and no student is turned away due to inability to pay for services.

To view in-network insurance plans, visit <https://www.vnahealth.com/plans-insurance-accepted/>

Please Note: If you have an HMO plan, you must see an in-network provider to avoid out-of-pocket costs.

Check the box next to the type of coverage that applies to you and fill out the required information.

☐ **Medicaid**

Plan Name: _____ Medicaid ID#: _____

☐ **Private/Commercial Insurance**

Plan Name: _____

Name of Insured (i.e. Parent/Guardian): _____

Date of Birth of Insured (Parent/Guardian): _____

Social Security Number/ID of Insured: _____

Employer of Insured: _____

Policy Number: _____ Group Number: _____

Insurance Phone #: _____

Insurance Address: _____

Insurance City: _____ State: _____ Zip: _____

☐ **No Medical Coverage**

Weekly income for the household: \$ _____

Household Size (number of people supported by income): _____

Consent: I hereby give consent for the services offered by VNA Health Care and/or the VNA Mobile Health Clinic. I have been informed and understand the scope of services to be provided. I further understand that confidentiality between the student/patient and Health Center professionals will be ensured in specific areas designated by law and will not be discussed with the parent/guardian unless the student agrees. I also understand that a parent, legal guardian, or student who is permitted under Illinois law to consent on his or her own behalf has a right to refuse any health care service. **Student Record Release:** I authorize exchange of school and sports physicals and immunization information between VNA Health Care and East Aurora School District 131. I acknowledge that other information, as permitted by law, may be exchanged between VNA Health Care and East Aurora School District 131. **Other Information Release:** I authorize VNA Health Care to release information to third party payers for billing, program management and evaluation in accordance with federal and state laws and regulations regarding confidentiality. This authorization is valid until the individual turns 18 or until revoked by mailing a letter to: VNA Health Care, Attn: Medical Records, 400 N. Highland Ave, Aurora, IL 60506.

Consent Acknowledgment:

(Parent or Guardian for students under 18)

Date

(Students over 12 or Patient)

Date