



The Pickens County School District and Good Samaritan Health & Wellness Center have joined in partnership to develop a comprehensive school-based health center (SBHC) at Pickens Junior High – **Dragon Care**. The primary focus of the school-based health center is to provide quality, accessible healthcare to students to positively impact their health outcomes, school attendance, and academic performance.

Students and staff at Pickens Junior High may visit Dragon Care in person. Students and staff of the Pickens County School District can access services via telemedicine or by scheduling an in-person appointment. Immediate family members of students and staff are also welcome to schedule an in-person appointment to be seen at Dragon Care.

The SBHC will be staffed with medical and behavioral health service providers from Good Samaritan Health & Wellness Center and will offer services similar to what you would receive in a doctor's office.

Services offered by the SBHC will include:

- Routine school and sports physicals
- Annual well-child checks
- Immunizations
- Diagnosis and treatment of acute illnesses (colds, allergies, strep throat, ear infections, pink eye, skin rashes, etc.) and minor injuries (scrapes, strains and cuts)
- Management of chronic illnesses such as asthma, diabetes, sickle cell, etc.
- Lab testing and related referrals as necessary
- Referrals to medical subspecialists and relevant community agencies as necessary
- Health education and promotion activities within the SBHC
- Vision, Hearing and Dental Screenings
- Behavioral health assessments and counseling

The health center accepts private and public insurance plans. If you do not have any type of health insurance, you may be eligible for a Sliding Fee Discount Program based on household income and number of family members.

***Parental/legal guardian consent and notification are an essential - and required - part of delivering services to students through SBHCs. Your child cannot be seen without a signed consent form. If you are not able to be present when your child is seen, you will be notified before and after your child's visit and, when possible, will be able to participate in the visit by video or phone. No medical decision will be made without your involvement. Parents/legal guardians have the right to utilize SBHC services as they see fit, with the freedom to choose or opt out of services offered.***

Please sign the consent form on the back of this page and return it today.

If you have any questions about the **Dragon Care** School-Based Health Center or services offered, please do not hesitate to call Good Samaritan Health & Wellness Center at 706-253-4633.

Thank you,

School-Based Health Center Team

## Consent Form for Minors

In order for your child to receive services at or from **Dragon Care**, this consent form must be completed and proper documentation of insurance or approval for the Sliding Fee Discount Program must be obtained.

***I understand if I am not able to be present when my child is seen, I will be notified before and after my child's visit and, when possible, I will be able to participate in the visit by video or phone. No medical decision will be made without my involvement unless in an emergency situation.***

Services provided by the health center include but are not limited to management of acute and chronic illnesses, well-child checks, sports physicals, immunizations, mental health counseling, dental and vision screening, and referrals to sub-specialists.

I authorize the sharing of information from my child's health record to and from the school-based health center staff, school psychologist, school social worker, school nurse, and/or school counselors whenever necessary to coordinate their medical and mental health care.

I also understand that to ensure the services of the SBHC meet the needs of the community, the Pickens County School District and Good Samaritan Health & Wellness Center will routinely collect and share information to assess the effectiveness of the SBHC. Some of the information collected might include your child's school and program attendance, academic performance, and behavior. Any information collected from the SBHC or PCSD will be handled confidentially, and participants will always remain anonymous in the sharing or reporting of data.

I authorize the health center to release information regarding treatment to third-party payers such as Medicaid or other insurers for the purposes of billing or for any other reason in accordance with acceptable medical practice pursuant to the law. Medicaid and other insurers will be billed for services rendered. Charges for students not insured will be based on a sliding fee scale.

I have read and understand the above information and give my consent to SBHC services for my child, as described. I understand that I have the right to withdraw this consent at any time upon written notice to **Dragon Care**.

**I also understand that I may obtain further information regarding the services offered by Dragon Care by calling Good Samaritan Health & Wellness Center at 706-253-4633 or by emailing [DragonCare@GoodSamHWC.org](mailto:DragonCare@GoodSamHWC.org).**

\_\_\_\_\_  
Name of Parent or Legal Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Grade