



Lake Station School & Community Health Center

Dear Parent/Guardian:

Lake Station community schools in cooperation with NorthShore Health Centers, (NSHC) has established a Teen Clinic, located at Edison High School. Although housed in the same location as the High School, no information is shared between the two. All information pertaining to treatment provided by NorthShore Health Centers will be kept between the Parent/Guardian, Doctor, and/or Nurse Practitioner.

Services, NorthShore Health Center offers at the Teen Center includes but not limited to the following:

Sport Physicals	Urinary Tract Infection Testing	Testing for Communicable Diseases
Acne & Rashes	Testing for Low/High Blood Sugar	Evaluation & Treatment of Minor Illness or Injury
Pregnancy Testing	Alcohol/Tobacco/Substance Abuse	Teen Parenting and Nutritional Counseling
Anemia & Lab Screenings	Counseling Or Referral	Adolescent Growth & Development Concerns

Any student seeking services from the Teen Center will be seen regardless of age, sex, race, income, social or cultural standings, or health condition.

Any student that is seen by the physician and/or nurse practitioner in the Teen Center will be provided with an note for the time they were in the clinic. If the Physician and/or Nurse Practitioner find it necessary to send the student home, there will be an note written and submitted to the high school clinic.

The following students have my permission/consent to be seen at NorthShore Teen Health Center

Students Name: write Gender Boy or Girl	Allergies	Medications
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_____	_____	_____
_____	_____	_____
_____	_____	_____

This permission is good for school life, unless NorthShore Health Centers is notified otherwise in writing.

I AUTHORIZE TREATMENT FOR SERVICES AND RELEASE OF MEDICAL AND BILLING INFORMATION RELATIVE TO THESE SERVICES. NORTSHORE HEALTH CENTERS TEEN CLINIC IS ALSO AUTHORIZED TO SEEK THIRD PARTY REIMBURSEMENT FOR THESE SERVICES RENDERED TO THE DEPENDENT CHILD, IF APPROPRIATE. ALSO, IF MY INSURANCE DOES NOT PAY FOR THIS SERVICE DUE TO DEDUCTIBLES AND/OR CO-PAY INSURANCE, I WILL NOT BE CHARGED FOR THOSE FEES.

Parent/Guardian Signature-NorthShore Health Centers Teen Center

____/____/____
Date

The NorthShore Heath Centers will comply with all Federal, State and Local Laws and regulations related to provision of services and reporting to Indiana State Board of Health.

*****Please turn over and fill out the back*****

Student(s) Last Name _____

Students Address _____

Home Phone _____

City _____

State _____

Zip Code _____

Mother Name and Date of Birth _____

Father Name and Date of Birth _____

Guardian Name and Date of Birth _____

Address _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

City, State, Zip Code _____

Cell or Work Phone _____

Cell or Work Phone _____

Cell or Work Phone _____

1. Does this student have a regular doctor who provides medical care to him/her? YES NO

Name of Doctor/Clinic: _____ Phone Number: _____

2. When was the student last seen by his/her physician: _____

3. Does this student have a family dentist? YES NO Dentist Name: _____

Your signature as a Parent/Guardian is necessary for your child or children to receive services at NorthShore inside Edison Jr/Sr. High School

I give permission for the following student/students

Name: _____

Birth Date: _____

School: _____

_____/_____/____

_____/_____/____

_____/_____/____

Health Conditions: Does student(s) have a health condition, which Teen Center should be aware of? If so, Please explain:

Billing Information

Is student currently covered by WIC vouchers? YES NO

Health Insurance? YES NO

Insurance Company: _____ Phone Number: _____

Policy Number _____ Group/ID Number: _____

Policy Holder's Name _____ Policy Holder's Birth Date ____/____/____

Is student covered by Medicaid? YES NO Medicaid Number: _____