

MESH (Mobile Expanded School Health)
Wilkes County Health Department
306 College Street, Wilkesboro, NC 28697
(336) 957-7043

CONSENT FORM FOR MESH

WILKES COUNTY HEALTH DEPARTMENT- WILKES COUNTY PUBLIC SCHOOLS

A copy of the "Notice of Privacy Practices" for Wilkes County Health Department/MESH Services is located on the Health Department website: www.wilkeshealth.com and on the MESH Unit.

I am granting permission for my child/self to enroll in the MESH Program and consent to his/her receiving health related services which can include examinations, immunizations, health screening, limited diagnostic test (eg. throat cultures, blood work, Covid-19), education, counseling, referrals, and/or administration or prescription of necessary medications.

I understand that health records are the property of the Wilkes County Health Department and that information contained in them will be confidential in accordance with state law and accepted medical practice. I hereby grant permission for the Health Department to submit claims for services rendered to the insurance company/companies indicated below. I understand that any services billed by outside agencies, (e.g. LabCorp) will be my responsibility.

I give my consent for Wilkes County Health Department to use and disclose health/medical information for the purposes of treatment, payment, and health care operations.

I understand that my health information may be discussed with the Wilkes County Public School nurse. A copy of the MESH visit may be sent to the medical provider on file with the MESH unit.

I understand that under North Carolina State Law a minor (under the age of 18) may receive treatment and/or advice about sexually transmitted disease, pregnancy, drug abuse, and mental health. NO BIRTH CONTROL WILL BE GIVEN NOR REFERRALS MADE FOR ABORTIONS (Services Allowed under G.S. 90.215 (a) only)

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____
SIGNATURE OF STUDENT _____ **DATE** _____

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Race _____ Sex _____ Age _____

Date of Birth _____ School _____ Grade _____ SS# _____

Who is the student's doctor? _____ Who is the student's dentist? _____

PARENT/GUARDIAN INFORMATION

Mother: Last Name _____ First _____ MI _____ DOB _____

Employer Name _____ Employer Phone: _____ Contact # _____

Father: Last Name _____ First _____ MI _____ DOB _____

Employer Name _____ Employer Phone: _____ Contact# _____

INSURANCE INFORMATION

Do you have insurance? YES: _____ NO: _____ Household Monthly Income _____

Insurance Company Name _____ Policy Number _____

Policy Holders Name _____ DOB _____

SS# _____ Sex _____ Race _____ Group Number _____

MEDICAID INFORMATION

Medicaid: Yes ___ No ___ Medicaid Name: Last _____ First _____ MI _____

ID# _____ Certification Period _____