



LIFE Male STEAM Academy
SMART Student Health and Wellness Center



Enrollment and Consent Form

School Where Student is Enrolled: Student ID#:

Student/Minor Name: Birthdate: Sex: M F

Address: Apt#: Zip:

Race (circle): White Black Asian More than One Race American Indian Native Hawaiian Other/Pacific Islander

Ethnicity (circle): Latinx / Hispanic Non-Latinx / Hispanic

Name(s) of Parent(s)/Legal Guardian:

Tel: Home: Cell: Work:

Emergency Contact: Relationship:

Name of Primary Care Provider, if Applicable:

Contact: Home: Cell: Work:

Preferred Language: English Spanish Other (Specify):

If the Student Has a Social Security Number, Please Provide the Number:

Do You Have Health Insurance? Yes No If You Do, Please Complete the Following:
(CHIP)/Medicaid Recipient ID#:
HMO PPO Name of Insurance Co.: Policy #:
Name of Insured (i.e., Parent/Guardian): Group #:
S.S. # of Insured:

SMART® FAITHworks Health and Wellness Center, a 501c3 non-profit medical organization, supports student academic achievement and competency through the proactive provision of preventive, basic primary, behavioral health care, and urgent care for all LIFE Male STEAM Academy students, their families, school faculty, and staff to positively impact the trajectory of lives.

I authorize and consent to the enrollment of the above-named minor, of whom I am the parent or guardian. My consent will allow the qualified professional staff of the SMART® FAITHworks Health and Wellness Center, located within the LIFE Male STEAM Academy or any other SMART® FAITHworks Health and Wellness Center to be opened in the future in Pittsburgh, PA, to provide comprehensive medical and behavioral health services to my child.

Services available to students, faculty and staff, and their families can include, but are not limited to, the following:

Preventive and Screenings

- Wellness assessments
All CDC recommended immunizations\*
Vision and hearing screenings
TB screenings and referral to care
Routine diagnostic laboratory testing
Dental screening and referral to services
Risk factor screening and counseling

Basic Primary and Urgent Care

- Physical and routine annual exams
Sports and employment physicals
Diagnosis and management of chronic health conditions
Screening, diagnosis, and treatment of routine illnesses and infections
Asthma treatment
Sprains, lacerations, minor burns, and injuries

Integrative Behavioral Health Care

- General health assessments
Brief individual interventions
Group behavioral sessions
Assessment of stress/emotional problems
Family counseling to support students' needs
Outpatient psychiatric care

I understand that the SMART® FAITHworks Health and Wellness Center staff may request additional forms pertaining to certain types of treatment or procedures for my child. I further understand that the medical records maintained by the SMART® FAITHworks Health and Wellness Center are confidential. I authorize the school to release medical and school records to the SMART® FAITHworks Health and Wellness Center team, and for the SMART® FAITHworks Health and Wellness Center to release medical records to the school program and to my health care provider, and I understand that this information will be used to facilitate my child's care and shared to evaluate and improve services provided.

X Parent/Legal Guardian Signature Parent/Guardian Printed Name Relationship to Patient

Area Code/Phone Number Date

\*We follow the recommendations of the US Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics and strongly prescribe all CDC recommended immunizations, including DTaP/Tdap/Td/IPV/Hep B/Hep A/MMR/Varicella/MCV4/HPV/Flu. Vaccine information statements may be viewed at the following website: www.immunize.org/vis. As part of our services, your child will be offered the flu vaccine every fall. If you do NOT want your child to receive the flu vaccine, please check this box

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL OUR UTILIZATION MANAGER, Van Lee, at 412-745-2308

