



Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Has your student had an annual wellness exam in the last year? Yes No Unknown

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

I would like to be present at my student's exam: Yes or No

\*If yes, we'll call to schedule a time that works best for you to be at the Three Rivers K-8 School.

**Please choose one of the following:**

☐ My student has not had their annual wellness exam in the last year. I would like them to have their annual wellness exam done along with their sports physical. With this service my student will qualify to receive their choice of a wellness incentive gift card. This annual wellness exam will be billed to my student's health insurance company.

**\*\*Parent/Guardian can receive their wellness incentive gift card if they are present during the wellness exam.\*\***

☐ My student has had their annual wellness exam in the last year. I would like them to only have the no cost sports physical. With this service my student will not qualify to receive their choice of a wellness incentive gift card.

**MINOR CONSENT TO TREATMENT**

**Complete this portion if the student is 14 years old or younger and the parent or guardian cannot be present for the physical exam on Thursday June 8<sup>th</sup> from 8am-3pm at Three Rivers K-8.**

I give my permission for my student, \_\_\_\_\_ (name) \_\_\_\_\_ (date of birth) to receive a physical exam from La Pine Community Health Center (LCHC) staff. I understand that if a medical concern is detected during the exam, LCHC will attempt to contact me by telephone. I understand that if I am unavailable by telephone LCHC will schedule an appointment for a later date and I will need to be present. I understand that this consent to treat will be in effect for this physical exam only. I may cancel this consent in writing.

I consent to have LCHC to update my student's vaccines according to the Oregon State Immunization Schedule and CDC Guidelines. ☐ Yes ☐ No

Parent/Guardian Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To participate please return this completed form to Three Rivers K-8 School Office**

Any questions regarding service this please contact Shelly 541-876-1845 or April 541-875-1701  
at the LaPine Community Health Center