



• Dear Parent or Guardian:

The Indian Health Service is asking you to complete and sign the attached Consent Form (IHS-47) in order to arrange for or provide health services for your child/children while in attendance at school. This includes medical and dental care (including emergency services when necessary).

The attached Consent Form for School Health Services provides information about the services available while your child attends school. If you desire to share your responsibility for the health care of your child, the Indian Health Service must have a signed consent form in his/her health record. You have the right to approve the entire consent form or write your exceptions or special instructions in the space provided.

The Indian Health Service will collect the information for proper health care and use the information to treat your child or for the purposes described on the back of the Consent Form.

You are urged to sign this Consent Form which is for the current school. A new form will be required for each school year. Please return this form to the school or the local IHS clinic.

Thank you very much for your assistance.

Attachment

\_\_\_\_\_  
PHS Indian Health Service Clinic

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## DEFINITIONS

### 1. HEALTH CARE:

Health care is the provision of health services of preventive, diagnostic, therapeutic and/or rehabilitative nature that do not involve major surgical procedures.

The purpose of medical examination is to appraise the child's health and physical condition. The medical examination consists of two parts: in the first part, questions are asked relative to the health, present and past, of the child and his/her parents; in the second part, a thorough examination is made of the child's body, including weight, height, blood pressure, vision, and hearing.

Laboratory studies include tests of urine and blood.

X-rays are taken when necessary to see if there is any abnormality within the body.

A skin test consists of the injection into the skin of about a drop of a substance such as "tuberculin" or "coccidioidin." By means of these tests and x-rays of the chest, the physician determines whether the patient has or has had tuberculosis or valley fever.

### 2. DENTAL CARE:

Dental care begins with the dental examination, which consists of (a) examining tooth, gums, tongue and other parts of mouth with dental mirror and explorer (probe) and (b) taking dental x-rays as needed.

Routine dental care includes those services necessary to prevent the loss of teeth, such as cleaning the teeth, applying fluoride to the teeth, filling decayed teeth, and pulling teeth in order to prevent infection or clear up existing infection.

Necessary emergency dental care consists of those services that cannot be deferred without endangering the child's health or life, such as the relief pain, the cleaning up of infection, and the control of bleeding.

### 3. MENTAL HEALTH SERVICES:

Mental health services include psychological and psycho-educational testing, psychiatric evaluation and consultation or assessment by mental health professionals. The information obtained is used to determine if it is appropriate or necessary to develop a treatment program for the child.

### 4. EMERGENCY HEALTH CARE:

Emergency health care includes surgical and/or non-surgical procedures that cannot be deferred without endangering the child's health or life, surgical procedures that can be deferred are not authorized by the consent in this form. In such cases, the specific authorization for surgery from the parent or legal guardian is required.

## PRIVACY ACT NOTICE TO PARENTS OR GUARDIANS

The Privacy Act of 1974 establishes procedures to protect information which the Federal government collects from individuals. It also requires that you be provided with the following information:

- Records of health care provided to your child are maintained by IHS under the following laws:
  - Public Health Service Act, Section 321;
  - Indian Self-Determination and Education Assistance Act;
  - Snyder Act;
  - Indian Health Care Improvement Act;
  - Construction of Community Hospitals Act;
  - Indian Health Service Transfer Act.
- IHS personnel will not reveal to anyone what is in your child's medical record without your written permission, except to:
  - Individuals or organizations who are authorized by an IHS medical staff member to provide health service to your child or to reimburse contractors for the services provided to him/her;
  - Federally approved organizations that evaluate the health care your child receives;
  - Persons performing health related research where IHS is assured the research will help Native American people and the information will be adequately protected;
  - State or local governmental agencies when required by State or local law for purposes as law enforcement and communicable disease control;
  - Local schools for the purpose of providing health care to the children they teach;
  - To the Bureau of Indian Affairs and their contractors for the identification of American Indian and Alaska Native handicapped children in support of P.L. 94-142, the Education for All Handicapped Children Act of 1975.
  - Organizations (Medicare/Medicaid, insurance companies) for them to reimburse IHS and contract health service providers for services provided to your child;

—Agencies acting on behalf of IHS to collect reimbursable payments or to make payments on behalf of the Indian Health Service.

- IHS employees are required to keep a list of people to whom they release information from your child's medical record. You have a right to see that list. The list must show what was released, to whom (name and address), for what purpose and the date of release. You may speak with personnel in the Medical Records Department to find out how to do this.
- The information you provide will be maintained in Health and Medical Records System, HHS/PHS/IHS, (System Number 09-17-0019). The following are the reasons why Indian Health Service (IHS) and contract health service providers need to collect information from and about your child (name, date of birth, mailing address, and past and present health information):
  - To find out how he/she feels or what they think is wrong;
  - To find out if a member of your family has a condition that could affect your child's health;
  - To locate their medical record among all the others;
  - To reach you and your family (for follow-up care, or to mail medical test results or future appointments to you) to maintain your child's health;
  - To determine your child's health condition and the kind of care that is right for him/her.

It is not necessary to answer these questions to receive medical care. However, if you give complete and correct information to the best of your ability, then IHS and contract health service staff will be better able to decide what the proper care is that your child needs. If you have any questions about this form or your child's health record, you may ask an Indian Health Service doctor or nurse to explain it to you. Thank you for your help.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON<sup>1</sup>  
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

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

I (We), \_\_\_\_\_  
Have read the Consent Form for the Indian Health to arrange for or to provide the following health care services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents illness.
5. Transportation of the child to and /or from another health facility for these services.

☐ I hereby give consent for all of the above services.

☐ Exceptions or Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Valid Until: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

<sup>1</sup> Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.