HEALTHY LEARNERS SECTION ONLY:
Healthy Learners ID#:
_____
Parent Transport ☐ HL Transport ☐
Vision ☐ Hearing ☐ Dental ☐ Other ☐
Counseling ☐ Episodic ☐ Medications ☐

HEALTHY LEARNERS

DATE COMPLETED: _____

Student Information & Health History

SCHOOL NURSE SECTION ONLY:
For Student Identification Purposes
PowerSchool # (Student ID#)
_____
10-digit Student SUNS # (State ID #)
_____

1. Child's Name *First Middle Last* | **2. Date of Birth**

3. Social Security Number | **4. Gender** ☐ Male ☐ Female | **5. Ethnicity (Race)**

6. Mailing Address:

Email address:

7. What is your child's health need at this time (the reason for this referral to Healthy Learners)?

8. Child's School | **9. Grade** | **10. Homeroom/Teacher**

11. Does your child receive free or reduced lunch? Please check below.
☐ *Yes - Free* ☐ *Yes - Reduced* ☐ *No*

12. Does your child speak English?
☐ *Yes* ☐ *No*

13. Parent/s or Legal Guardian/s Name

14. Primary Phone # **Alternate Phone #** **Alternate Phone #**

15. Who told you about Healthy Learners? ☐ *School Nurse* ☐ *Teacher* ☐ *Another parent* ☐ *Someone else*

16. Does a parent in the home work? ☐ *Hourly* ☐ *Part-Time* ☐ *Full-Time* ☐ *Not Working/Unemployed*

17. How many adults currently live in your household?
Include yourself. _____

18. How many children currently live with you?
Include the child on this form. _____

19. Do you have other children that need our help?
Yes **No**

20. What type of health insurance coverage does your child have now?
☐ *Medicaid/Healthy Connections Choices* ☐ *Other Private Health Insurance* ☐ *None*

Please list Medicaid/Insurance provider name: ***Please list ID#:***

_____ _____

Has your child's Medicaid lapsed? ☐ *Yes* ☐ *No* ***Have you applied for Medicaid in the last three (3) months?*** ☐ *Yes* ☐ *No*

21. Does your child have a regular doctor? ☐ *Yes* ☐ *No* *If yes, please name:* _____

22. Does your child have a dentist? ☐ *Yes* ☐ *No* *If yes, please name:* _____

23. Is your child allergic to any medications? ☐ *Yes* ☐ *No*
If yes, what are the medications?

Do any of the medicines cause skin rash, difficulty breathing, swelling, etc? ☐ *Yes* ☐ *No*

24. Does your child take daily medications? ☐ *Yes* ☐ *No*
If yes, please list the medications your child ***takes or needs:***

25. Has your child ever been seen by a specialty doctor or mental health counselor in the past? ☐ *Yes* ☐ *No*
If yes, please list doctor's name:

26. Has your child had any surgeries/operations? ☐ *Yes* ☐ *No*
If yes, please list type:

27. Has your child been to the hospital emergency room in the last year? ☐ *Yes* ☐ *No*
If yes, for what reason?

28. Has your child had an eye exam in the past year? ☐ *Yes* ☐ *No*

By Whom/Where? _____

29. Has your child received glasses through Medicaid in the past year?
☐ *Yes* ☐ *No*

By Whom/Where? _____

30. Does your child have any of the following health concerns that we should explain to the doctor? If no health concerns, circle 'None' at right. **None**

	Yes		*Yes*
Allergies		Hearing	
Asthma		Heart Problems	
ADD/ADHD		High Blood Pressure	
Behavioral		Latex Allergy	
Dental/Oral Health		Overweight/Obesity	
Depression		Seizure Disorders	
Diabetes		Sickle Cell Anemia/Trait	
Disability		Skin Concerns	
Food Allergies		Stomach/Digestive	
Headaches		Vision	

31. Other health concerns not listed above (please list):

32. Is there a family history of conditions listed below?

	Yes	*Family Member/s With Condition*
Blindness		
Deafness		
Diabetes		
Glaucoma		
Heart Disease		
High Blood Pressure		

HEALTHY LEARNERS

PERMISSION TO USE OR RELEASE PROTECTED HEALTH INFORMATION
PERMISSION TO PROVIDE SERVICES AND RELEASE FROM LIABILITY

PURSUANT TO THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT

Permission to Provide Services. I give permission to Healthy Learners to provide services to my child. These services may include a professional medical evaluation and treatment, as well as transportation to and from school to their appointments. I understand that the information about my child that I provide to Healthy Learners will be shared with their health care provider partner(s), as well as with other covered entities that need this information to assess, evaluate and treat my child's health care needs or process payment for services provided to my child. Examples of these groups include health insurance plans like Medicaid, and the SC Revenue and Fiscal Affairs Office. I understand that the health care team will share health information about my child with Healthy Learners so that Healthy Learners can tell me about the visit. I give my permission to all members of the team to exchange health information. I understand that my child's participation is voluntary. This consent will remain valid as long as my child is enrolled in school.

Permission to Participate in Program Evaluation. Healthy Learners summarizes information about children served for program planning, to measure program outcomes and impact, and to secure the grant funding needed to continue providing services to children at no cost to families. Information collected may include health care data provided by the SC Revenue and Fiscal Affairs Office. My child may be asked to participate in an evaluation survey. All information obtained will be kept confidential except as otherwise required by law. Completed evaluation reports are publicly available, contain only information that is summarized or grouped together, and do not use any names or identifying information. I understand if I do not wish for my child to be included in Healthy Learners program evaluation measures, I should submit a signed, written letter to Healthy Learners at 2749 Laurel Street, Columbia, SC 29204. Participation in the program evaluation is not required in order to receive services from Healthy Learners.

Permission to Access School Data. I give the school district permission to provide my child's school data, including attendance, grades, discipline, and standardized test scores/results for the purpose of tracking the impact and success of the Healthy Learners program. I authorize Healthy Learners to request, receive and use this information for *all* years of my child's enrollment to establish a before and after baseline; data will be used to track the impact of services on my child. I may ask for a copy of any records about my child that Healthy Learners has received from the school district.

Permission to Transport

☐ **Yes - I choose to have the Healthy Learners staff transport my child to appointments.**
☐ **No - I will provide my child's transportation to appointments. Best day of week for appointments?** _____

Permission to Photograph ***(Note that you may still receive services even if you do not give permission)***

☐ **Yes** ☐ **No** **I understand that Healthy Learners promotes its services to encourage student participation, engage the community, and solicit donations. Promotion may include photographs. Children are never identified by name. I give my permission to photograph or video/record my child's image for promotional/educational purposes.**

RELEASE FROM LIABILITY

I, on behalf of myself, my child, _____, and my heirs hereby
(Child's Name: First – Middle – Last)
RELEASE AND HOLD HARMLESS HEALTHY LEARNERS FOR ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF HEALTHY LEARNERS, its donors, sponsors, board members, employees and agents OR OTHERWISE, except in the case of gross negligence and/or intentional misconduct. I HAVE READ THE ABOVE PERMISSIONS AND RELEASE FROM LIABILITY, UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PROMISES OR THREATS.

Parent or Legal Guardian's Signature	Relationship to Child	Date

HEALTHY LEARNERS

Healthy Children
Better Students
Thriving Communities

Who WE ARE

In the spirit of the Sisters of Charity of St. Augustine, Healthy Learners is devoted to removing children's health barriers to learning with love and compassion. In order for our communities to thrive, it is essential that children are healthy and well educated, graduate from high school on time, and preform at their full potential. The prevalence of health barriers to learning is higher in children of color or in poverty, and these same children bear more burden of disease in part due to their poor access to healthcare services. This is where Healthy Learners steps in to provide access to these critical healthcare services so that all children can be at their best in the classroom.

What WE DO

- Vision Care
- Dental Care
- Asthma Care
- Transportation to appointments
- Mental Health
- Behavioral Health
- Coordination of Care
- Health Care
- Hearing Care
- Medicaid Application

IT MATTERS

- Uncontrolled Asthma
- Vision Problems
- Hearing Problems
- Dental Problems
- Persistent Hunger
- Mental Health Problems
- Behavioral Health Problems
- Effects of Lead Exposure

Contact US

www.healthylearners.com

dnewell@healthylearners.com

843-774-1907 (office)

803-530-8663 (cell)