

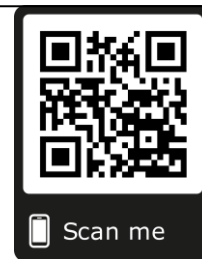
Dear Parent or Guardian,

We are excited to announce that Health-e-Schools is available at your child's school. You may have heard this referred to as "Telemedicine". Our school nurses have been trained to work with a provider online via a safe and secure computer screen and equipment to see students if needed during the day while at school. We can treat illnesses, provide urgent care and help students manage already known medical conditions. We then work with the parent or guardian, the school nurses and your child's primary care physician to provide the best care possible. If your student is seen at school and will need medication, it can be called in to the pharmacy you normally use. Our provider will also contact you later that day to discuss the visit and any concerns we note. Each student is encouraged to utilize this service. Your insurance will be billed just as it is when you visit your physician and if you have a copay, you will receive a bill in the mail for your copay amount. We also bill Medicaid and NC Health Choice. If your child is uninsured, we will work with you to ensure that he/she receives the same affordable care as well. Appointments may be scheduled by emailing appts@crhi.org, or by the school nurse. Nurses will always call a parent or guardian before scheduling your student to see one of our providers. **In order to do this for your child, we need you to complete the attached health questionnaire and the registration form. Please be sure and complete both sides of the form, sign, and return to your child's teacher or nurse.**

We can diagnose and treat:

- sinus congestion, common allergies, cold symptoms**
- strep throat**
- ear infections**
- urinary symptoms**
- influenza ("flu")**
- behavioral health issues such as ADHD**
- conjunctivitis ("pink eye")**
- many other common conditions and illnesses**

Enroll online at <http://bit.ly/HeSOnlineForm>



If your child does not have a fever and is not diagnosed with a contagious condition, he/she will be allowed to finish their day at school. Any recommended prescriptions will be sent to your pharmacy. A copy of the visit note will be faxed to your primary care provider. The provider can also send the nurse a school note if indicated.

We look forward to assisting you and your student by providing health care services at their school. Parents are encouraged to contact Health-e-Schools with medical concerns so that we can work together to provide the best care for each student. We are always open to questions or concerns and welcome your feedback. Please visit our website, email or call if you need additional information.

Sincerely,

The Health-e-Schools Staff

Amanda Martin, MHA, Executive Director: Amanda.Martin@CRHI.org

Dr. Steve North, MD MPH: Steve.North@CRHI.org

Tonya Hensley, Family Nurse Practitioner: Tonya.Hensley@CRHI.org

Meredith Greene, Family Nurse Practitioner: Meredith.Greene@CRHI.org

Allison Bell, Program Director, Burke County: Allison.Bell@CRHI.org

Lacey Jones, Program Director, Mitchell & Yancey Counties: Lacey.Jones@CRHI.org

Christy Harrell, Mitchell & Yancey Coordinator: christy.harrell@CRHI.org

Ashley Whitson, CNA, Tipton Hill Coordinator: Ashley.Whitson@CRHI.org

For more information, please visit Health-e-Schools.com or CRHI.org

MEDICAL HISTORY

NAME (First): _____ (M) _____ (Last): _____ DOB: _____

Known Drug Allergies: _____

Allergies other than medications (such as peanuts, bee stings, etc.) _____

Please list ALL medications that patient is on, including prescriptions, vitamins and over-the-counter drugs

Medications/What do you take if for?	Dosage	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any **past** medical conditions please list: _____

Any **current** medical conditions please list: _____

Surgeries (list with dates): _____

Hospitalizations (list with dates): _____

Family History (list condition and relationship with patient): _____

Is the patient exposed to tobacco? _____ what kind: _____ how much: _____

Is the patient exposed to alcohol? _____ what kind: _____ how much: _____

AGREEMENT

HIPAA/FERPA: Health-e-Schools staff will share confidential information only in the following situations: when it is educationally relevant for a student's academic progress, when necessary to address potential health care needs, to ensure the safety of the patient, other students/staff/and/or school personnel, or other situations specified by law. The Health-e-Schools staff may discuss the patient's medication and other health care needs with the appropriate staff members who will administer the student's medication and provide care to the student while the student is at school. Additional detailed information about the Privacy Practices that govern the Health-e-Schools Telemedicine Program is available on our website at www.health-e-schools.com and at each school nurse office.

I, the undersigned, give permission and consent for the above enrolled patient to have treatment through and by Health-e-Schools. I understand the nature of this treatment, the way it is provided, and the details and limitations of this form and style of treatment. I give permission for Health-e-Schools to receive information from the school about my child's health history if appropriate. I acknowledge that I have been offered a copy of the Notice of Privacy Practices. I agree to release all records related to this treatment to the Primary Care Provider. I agree that I will be responsible for all costs associated with said treatment and that I will provide any insurance information as requested. All costs and fees not covered by insurance will be my responsibility. As the undersigned of the above patient, I authorize the release of any information necessary to process insurance claims for payment of benefits to CRHI for Health-e-Schools. The information above is true and complete to the best of my knowledge.

By signing this form I am stating the information I am providing is accurate and up-to-date, and I will update Health-e-Schools with any changes as soon as possible. This form is valid until written revocation is received by Health-e-Schools staff or student/staff is no longer enrolled in the school system.

Signature: _____ Date: _____

If you would like to speak with our medical provider, please contact Health-e-Schools at (828) 467-8815.