

Murdock School-Based Health Center

Murdock School Nurse's Suite – Room 218
3 Memorial Drive, Winchendon, MA 01475
Renee Boucher, RN, MSN, NP
Phone: 978-297-5052 Fax: 978-297-5430



The *Murdock Health Center* (MHC) is a school-based health center located in the Nurse's Office at *Murdock Middle High School*. The Health Center is operated by *Heywood Hospital* and works together with your child's Primary Care Physician and the Winchendon Public Schools to provide healthcare at school. This year we have the opportunity to provide health care to Memorial Elementary and PREK School students. Some of the services we provide include same day sick visits for strep tests, ear infections, rashes, and other illnesses that would require a visit to your child's PCP or urgent care. Routine screening for healthy behaviors and risk factors are also a part of every health visit.

How your child receives care at MHC

Parents/guardians will receive a call from the Memorial Elementary School nurse if she feels a visit to a health care provider is needed. Parent/guardians who have enrolled their child at the Murdock School Based Health Center will be given the option for their child to be seen at MHC. Parents always have the option to bring their child to their PCP even if they are enrolled at the school health center. **Parent/guardian permission will always be asked prior to all visits at MHC.** A Memorial School staff member will accompany your child to the Murdock School Based Health Center at Murdock Middle High School and stay with them at all times before accompanying him/her back to Memorial. A parent/guardian is always welcome to accompany their child at MHC as well. If you are unable to accompany your child, the Nurse Practitioner will call to discuss a treatment plan with you while she is seeing your child. All services provided by the Nurse Practitioner are free of charge. Services referred outside of the Murdock Health Center may require payment depending on insurance.

Murdock Health Center's primary goal is to provide healthcare services at school to keep students healthy, keep them in school, and empower them to make healthy lifestyle choices. Enrollment is optional.

For more information about the Murdock Health Center, please call
Renee Boucher NP (978)297-5052 or Mona Sergi, RN (978)297-2578

or

Visit our website at www.heywood.org/murdocksbhc

**Don't forget to "like" us on our
Murdock School Health Center Facebook page!**



Student Enrollment & Parent/Legal Guardian Consent Form

STUDENT INFORMATION (PLEASE PRINT in black pen)

Student Name _____ Birth Date: ____ / ____ / ____

Grade PreK K 1st 2nd Gender Female Male Transgender

Address: _____ City: _____

Home Phone: _____ Email: _____ Family Doctor: _____

Parent(s)/Legal Guardian(s): _____ Cell Phone: _____

Emergency Contact (other than parent): _____

Relationship to student: _____ Telephone: _____

Please continue on page 2

Does your child have a health condition or illness such as Anxiety, Asthma, Depression or Diabetes? Yes No

If yes, please specify: _____

Does your child take any medications? If yes, please specify: _____

Does your child have any allergies to medications? If yes, please specify: _____

RACE/ETHNICITY (Choose all that apply): American Indian Asian Black Caucasian (white)

Hispanic/Latino Pacific Islander Unknown Other _____

In what language do you prefer to discuss and/or read medical information? English Other _____

Does your child have health insurance? Yes No

If you need assistance in obtaining health insurance, please call the Health Center at 978-297-5052.

If yes, what is the name of your primary insurance?

- | | |
|---|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> MassHealth, plans may include: |
| <input type="checkbox"/> Blue Cross Blue Shield | <i>Boston Medical Center HealthNet, Fallon Community Health,</i> |
| <input type="checkbox"/> Children's Medical Security Plan | <i>Neighborhood Health, Network Health, Health New England</i> |
| <input type="checkbox"/> CIGNA | <input type="checkbox"/> Network Health Plan (Non-MassHealth) |
| <input type="checkbox"/> Fallon (Non-MassHealth) | <input type="checkbox"/> Tufts |
| <input type="checkbox"/> Harvard Pilgrim | <input type="checkbox"/> Other (specify plan): _____ |

Health Insurance ID/Policy Number _____

Subscriber's Name _____ Subscriber's Date of Birth _____

Relationship to Student Father Mother Other (specify) _____

If insurance is private such as BCBS, Tufts or Harvard Pilgrim, is the plan HMO PPO unknown

Parent/Legal Guardian Consent Form

I/We understand that this consent covers only those services provided at the *Murdock Health Center* which are a result of a referral and does not authorize services rendered at any other private or public facility.

I/We hereby authorize a physician and other professional clinic staff to provide necessary and/or advisable treatment for my son/daughter. This student has my permission to receive all services offered at the *Murdock Health Center* for his/her entire academic career at *Murdock Middle High School*. I/We understand that no student or his/her family will be charged directly for services provided by the Nurse Practitioner at *Murdock Health Center*; however, co-pays may be required for referral services, including mental health. All third party payment sources will be billed. There is no charge to students for care (Co-Pays), but insurance companies may be billed. Grant funds will be used for services rendered to students without insurance.

Medical records will be kept in a confidential manner; however, I/we acknowledge that the *Murdock Health Center* may release information to my child's primary care doctor or to third party payers for the purpose of billing. Information may be shared between the *Murdock Health Center* and my child's PCP, *Memorial School* personnel and alternative providers to meet my child's health care needs when appropriate. I/We understand that public information such as immunization history or illness of a public health hazard may be shared with the *Memorial School* nurse to protect the health of other students or the Department of Public Health to protect the health of the public in accordance with the Massachusetts General Laws.

**Please note this consent remains active until your child graduates from Murdock High School. Yearly enrollments are not required, but are encouraged to keep your child's information up to date. Please call the Murdock Health Center at any time if you no longer want your child enrolled.*

Signature of Parent/legal Guardian: _____ / ____ / ____
Date

Relationship to Student: _____