

**UNM SCHOOL-BASED HEALTH CENTER
PARENT/STUDENT CONSENT FORM
SY 2026-2027**

Student Last Name: _____ First Name: _____ M F Grade _____

Age _____ Date of Birth: _____ Student ID Number: _____ Phone: _____

Address: _____ Zip Code: _____

School: _____ Parent/Guardian name: _____

Ethnicity: Hispanic or Latino? Yes No

Race: American Indian or Alaskan Native White/Anglo Asian Black, African American

Native Hawaiian or other, Pacific Islander Unknown Other (please specify) _____

Preferred language _____

Your insurance may be billed for this service. No student needing care will be turned away due to lack of health insurance/ability to pay.

Please list student insurance information: Medicaid/Type: ____
 Commercial/Type: _____
 NONE

Does student have a Primary Care Provider: Y N Name _____ Phone _____ Fax _____

Known Allergies YES NO If yes, please explain: _____

Does student have dental cleanings (Please circle one that applies): every six months, once a year, or not at all

- I give** permission for my child to receive SBHC services; which may include medical, behavioral health, case management and/or dental care and for SBHC staff to access my child's class schedule (for appointment purposes only) and to ask and receive information from the school nurse about my student's health history. This includes permission for the SBHC staff to consult with and provide information and records to other health care, mental health providers, dental providers including school health professionals, and for purposes of program evaluation and quality assurance. A copy of the HIPAA Notice of Privacy Practices is available upon request. I have been given a copy of the handout "What You Need to Know about Telehealth" and I understand that some SBHC services may be provided through telehealth.
- I do not** give permission for my child to receive SBHC services*
*New Mexico law does not require parental consent for some treatment and services under statutes; § 24-1-13.1 NMSA 1978, § 24-1-9 NMSA 1978, § 24-8-5 NMSA 1978, §24-10-2 NMSA 1978, §32A-6A-14, 15 NMSA 1978, §24-7A-6.2 NMSA 1978

Parent/Guardian Signature Daytime Phone Date

Emergency Contact Name & Relationship Daytime Phone

Student Signature (18 years and older) Daytime Phone Date

Official use only: Exam Fall/Spring Prophylaxis, Fall/Spring