

# Parent/Guardian Consent Form -- Juneau Teen Health Center

Juneau Douglas High School    Thunder Mountain High School    Yaakoosgé Daakahídi High School

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

This form makes it possible for the individual whose name is written above to obtain health services through the Juneau Teen Health Center until they are 18 years old. (*You may submit a new form if you decide at a later date to change consent.*) Health services are provided by SEARHC, Juneau Youth Services, the Juneau Public Health Center, and AWARE personnel and these staff adhere to all Federal and State laws regarding medical records. Services at Juneau Teen Health Center are offered *free of charge*, so that convenient, affordable health care is available for Juneau's teens.

This form provides you with three (3) options:

- **I Provide My Consent:** If you sign and return this form, the individual whose name is written above **will be eligible** to receive any and all of the services listed on the back of this form provided at the Juneau Teen Health Center. Your signature indicates that you have read the release of health information (HIPAA) on page 2.
- **I Withhold My Consent:** You may withhold your consent by signing and returning this form. In this case, the individual whose name is written above **will not be eligible** to receive any of the free health services listed on the back of this form at the Juneau Teen Health Center.
- **Ignore this Form:** You may ignore this form, in which case your son/daughter **will only be eligible to receive reproductive health services** according to Alaska law AS 25.20.025(4), which states: A minor may give consent for diagnosis, prevention or treatment of pregnancy and for diagnosis and treatment of Sexually Transmitted Infections. No parental consent is required for those services.

## I PROVIDE MY CONSENT

*I am the parent or legal guardian of the minor individual whose name is stated above. I hereby give my consent to the Juneau Teen Health Center to provide health & counseling services, and evaluation of services to said individual. My signature indicates that I have received a copy of the Notice of Use of Private Health Care information (HIPAA) on page 2 of the consent packet.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

OR

## I WITHHOLD MY CONSENT

*I am the parent or legal guardian of the minor individual whose name is stated above. I do not consent to the Juneau Teen Health Center to provide any services to said individual.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**If you have provided your consent on this form, please complete the following:**

**Name of student's regular physician:** \_\_\_\_\_

**Past or present chronic illness (if any):** \_\_\_\_\_

**Allergies or reactions to medications (if any):** \_\_\_\_\_

**Current medications (if any):** \_\_\_\_\_

**Does student have Denali Kid Care/Medicaid?**     Yes     No

**Call 523-1635 if you have any questions or concerns.**