

# JUNEAU TEEN HEALTH CENTER

## PARENT / GUARDIAN CONSENT FORM

Juneau-Douglas High School: Yadaa.at.Kalé \* Thunder Mountain High School\* Yaakoosge Daakahidi High School

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

This form makes it possible for the minor individual whose name is written above to obtain health services through the Juneau Teen Health Center until they are 18 years old. Health services are provided by SEARHC, Juneau Youth Services, the Juneau Public Health Center, NAMI, and AWARE personnel. Staff adhere to all Federal and State laws regarding private health information and 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.

**YES, I Provide My Consent:** By signing below and returning this form, the minor individual whose name is written at the top of this form **will be eligible** to receive any and all of the services provided through the Juneau Teen Health Center.

*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 and counseling services including services delivered via telehealth to my student. I have received a copy of the Notice of Use of Private Health Care Information on page 2 of this packet.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of Student's Regular Physician: \_\_\_\_\_

Allergies, reactions to medications or past/present chronic illness (please list): \_\_\_\_\_

**NO, I Withhold My Consent:** By signing and returning this form, the minor individual whose name is written at the top of this form **will not be eligible** to receive any of the free health services provided through the Juneau Teen Health Center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Ignore this Form:** You may ignore this form, in which case your student **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. Parental consent is *not* required by law for a minor to receive reproductive health services.

10014 CRAZY HORSE DR • JUNEAU, AK 99801 • JDHS/YDHS: 523-1634 • TMHS: 780-1973

Please Sign and Return this Form