

**Hawai'i Keiki School Health Program
Parental Consent Form**

Nanakuli-Waianae Complex Area Schools, Hawaii DOE School District

University Clinical, Education & Research Associates

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SCHOOL HEALTH SERVICES

I consent for my child to receive health care services provided by the State-licensed health professionals of the Hawaii Keiki School Health Program, as part of the school health program approved by the State of Hawai'i Department of Education and University of Hawai'i School of Nursing and Dental Hygiene. I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and that pupils will be encouraged to involve their parents or guardians in counseling and medical care decisions. Hawai'i Keiki school health services may include, but are not limited to:

1. Screening for vision (including eye glasses), hearing, asthma, obesity, Tuberculosis and other medical conditions, first aid, and required and recommended immunizations.
2. Comprehensive physical examination (complete medical examination) including those for school, sports, working papers, and new admissions.
3. Medically prescribed laboratory tests such as for anemia, sickle cell, and diabetes.
4. Medical care and treatment, including diagnosis of acute and chronic illness and disease, and dispensing and prescribing of medications.
5. Mental health services including screening, evaluation, diagnosis, treatment, and referrals.
6. Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, & HIV, as age appropriate.
7. Referrals for service not provided at the Hawai'i Keiki School Health Center.
8. Annual health questionnaire/survey.

**HAWAII' I KEIKI AND STATE OF HAWAII' I DEPARTMENT OF EDUCATION
FACT SHEET FOR PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION
PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION UNDER FERPA**

My signature on the reverse side of this form (on page 1) authorizes release of my child's health records/information by the State of Hawai'i Department of Education as described in the paragraph below. Such records/information may be protected from release by federal and state laws, including the Family Educational Rights and Privacy Act (FERPA), which protects the privacy of students' educational records, including health records/information in some instances.

By signing this consent, I am authorizing my child's Hawaii Keiki School Health Program-related health records and information to be released by the State of Hawai'i Department of Education to the following parties for the purposes of providing medical treatment to my child, allowing providers providing services to my child to obtain payment for such services, and allowing certain other administrative activities relating to the provision of care:

- The University of Hawaii
- UCERA (the non-profit organization that provides Hawaii Keiki services in conjunction with the University of Hawaii)
- Any third party health care providers providing services to my child under the Hawaii Keiki School Health Program or through referrals from the Hawaii Keiki School Health Program
- Any third party payers who may pay or reimburse providers for health care treatment or services