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Superintendent

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January 30, 2023

Dear Danville High School Families,

Danville District #118 is committed to creating a culture of wellness that supports student success. To provide a more comprehensive approach to keeping students in school, we are excited to announce a new opportunity. In the coming weeks, students at Danville High School will be able to take advantage of a school-based health center at Danville High School. The center is a collaborative partnership with Southern Illinois Healthcare Foundation (SIHF) Healthcare and will support only Danville High School students at this time.

The clinic is set to open Monday, January 30, 2023. All students under the age of 18 will require a signed permission slip to utilize the health clinic. Included with this letter is a permission slip; it can also be found on the Danville High School website. All patients are welcome, regardless of insurance. Appointments are preferred, but walk-ins are welcome.

LOCATION:

Danville High School

HOURS:

Monday- Friday
7:30 a.m. – 3:30 p.m.

SERVICES:

Cold, Cough or Sore Throat
Earache
COVID Testing
Preventative Care
School and Sports Physicals

We hope that you take advantage of this additional resource when considering your child's health and wellness needs. For additional information and for appointments, please call (217) 920-0168.

Please return the signed permission slip to the main office for your student to receive services at the health clinic.

Danville Community Consolidated School District No. 118



**School-Based Health Center
Authorization to Treat a Minor Child**

The SIHF Healthcare School-Based Program is a partnership with local participating school districts to provide primary healthcare services. By completing this form and consenting for services, you are granting permission for the evaluation and treatment of your child. In addition, you are granting permission for the release of necessary information to the school nursing staff by SIHF Healthcare for the purpose of documenting compliance with state requirements and for the planning and delivery of quality healthcare (e.g., basic health history, immunization records, and school and sports physicals).

By completing this form, you authorize insurance payment of medical benefits to SIHF Healthcare and the release of personal/health information necessary to process insurance claims.

This consent authorization will remain valid and on file with SIHF Healthcare and the School-Based Program as long as your child is enrolled in one of our participating school districts. You reserve the right to revoke this authorization at any time.

Consent for treatment:

I hereby consent to the enrollment of my child in the School-Based Program for the medical treatment encompassing routine diagnostic treatment and medical treatment by the medical staff or their designee as determined necessary in their judgment for the welfare of my child. I understand that I may revoke this consent at any point by notifying SIHF Healthcare.

I give permission for the following services:

- Assessment, diagnosis and treatment of minor illness and injury
- Laboratory tests
- Physical Exams (including Sports)
- Immunizations

Parent/ Legal Guardian Authorization and Contact Information

Name: (print) _____

Phone (____) _____

Address _____

Signature _____ Date ____/____/____

Child's Name: _____ DOB: ___/___/___

School's Name _____

Medical History

Allergies: *(please list)*

Medication/Drugs _____

Food _____

Other _____

Chronic Illness/Hospitalization or Surgery *(please list)*

List of Medications Patient is Currently Prescribed:

Health Insurance

Medicaid Recipient ID# _____

Other Health Insurance

Plan Name _____ Policy Number _____

Primary Subscriber _____ Group # _____

Preferred Pharmacy

Name _____

Location _____