

MESH
Mobile Expanded School Health
Wilkes County Health Department
306 College Street
Wilkesboro, NC 28697
(336) 957-7043

MESH serves Wilkes County high schools, delivering health care in a mobile unit one day a week to each high school. These services are provided in addition to the services of the school nurse. When MESH staff sees a student, a copy of the treatment record will be provided for the parents (given to the student), and a copy sent to their private medical doctor. MESH services are intended only to supplement, not replace, private medical doctors. Please let us know if your child does not have a medical provider. Information is available for NC children's health insurance programs called Health Choice and Health Check. Students may be examined for acute illnesses (such as sore throats, injuries), or may be provide information on a variety of health related issues, and counseling. Immunizations and lab testing are available. There will be a limited number of medications available on the unit for symptoms relief and prescriptions may be written. No family planning services (i.e. birth control) will be available through MESH. No student will be denied services for inability to pay.

MESH will offer physicals for students behind on Health Check exams. Our health care team specializes in adolescent development and will focus on the identification and prevention of illness, injury, and the delay of risky behavior.

All Wilkes County high school students are eligible to receive these services. We must have a written consent form signed by the parent or guardian in order to serve your child. The signature will cover for the entire school year and may be revoked at any time by contacting the school principal or MESH staff in writing. If any information changes, including insurance, please notify us as soon as possible. Our program bills Medicaid and private insurance. Please complete all sections of the consent form on the reverse of this page. Wilkes County Health Department provides access to sports and camp physicals through the mobile unit. A reduced fee may be available for parents providing eligibility information. Students are encouraged by the MESH staff to follow-up with regular examinations and sports physicals by their regular health care provider.

We look forward to serving your child's health care needs this year. If you have any questions about MESH, please do not hesitate calling the Wilkes County Health Department.

MESH receives United Way funds and you may designate to us to assure the continuance of MESH.

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE/ PERMISSION TO USE AND DISCLOSE
PATIENT HEALTH INFORMATION**

I hereby acknowledge that I have received a copy of the "Notice of Privacy Practices" for Wilkes County Health Department and understand that I may contact the person named therein if I have questions about the content of the notice.

Signature of Patient/Parent/legal Guardian

Date

I give my voluntary consent for Wilkes County Health Department to use and disclose health/medical information regarding _____

Student Name

for the purposes of treatment, payment and health care operations. * I understand that the health/medical information used and disclosed may include information about communicable diseases (such as HIV).

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it.

I understand that this consent is valid until I revoke it and that if I want to revoke this consent I must do so in writing.

***See our "Notice of Privacy Practices" for explanations of the terms "treatment," "payment," and "health care operations."**

Signature of Patient/Parent/Legal Guardian

Date

**CONSENT FORM FOR MESH
(MOBILE EXPANDED SCHOOL HEALTH)**

WILKES COUNTY HEALTH DEPARTMENT- WILKES COUNTY PUBLIC SCHOOLS

I understand that under North Carolina State Law a minor (under the age of 18) may receive treatment and/or advise about sexually transmitted disease, pregnancy, drug abuse, and mental health.

NO BIRTH CONTROL WILL BE GIVEN NOR REFERRALS MADE FOR ABORTIONS
Services Allowed under G.S. 90.21 (a) only

I am granting my permission for my child to enroll in the MESH Program and consent to his/her receiving health related services which can include examinations, health screening, limited diagnostic test (eg. throat cultures, blood work), education, counseling, referrals, and administration of necessary medications.

I understand that health records are the property of the Wilkes County Health Department and that information contained in them will be confidential in accordance with state law and accepted medical practice. I hereby grant permission for the Health Department to submit claims for services rendered to the insurance company/companies indicated below.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

I hereby grant my consent to receive these health related services, which may include examinations, diagnostic testing, education, counseling, referral, and/or administration or prescription of necessary medications.

SIGNATURE OF STUDENT _____ **DATE** _____

STUDENT INFORMATION

Last Name _____ Middle _____ First _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Race _____ Sex _____ Age _____ Grade _____

Date of Birth _____ SS# _____ School _____

PARENT/GUARDIAN INFORMATION

Mother: Last Name _____ First _____ MI _____

Employer Name: _____ Employer Phone _____

Father: Last Name _____ First _____ MI _____

Employer Name _____ Employer Phone _____

Number in Household _____ Gross Annual Household Income _____ (Required for Reduced Fee Sports Physicals)

INSURANCE INFORMATION

Insurance Company Name _____ Policy Number _____

Policy Holders Name _____ D.O.B _____

SS# _____ Sex _____ Race _____ Group Number _____

MEDICAID INFORMATION

Medicaid: Yes ___ No ___ Medicaid Name: Last _____ First _____ MI _____

ID# _____ Certification Period _____

Private Physician _____ Allergies _____

Date of Last Tetanus _____ Health Concerns _____

**ALL INFORMATION MUST BE COMPLETED
PLEASE SIGN ON BOTH SIDES OF THIS FORM**