

Ronald McDonald Care Mobile Parental Consent Form

- I give my consent for my child to obtain all general medical and dental services offered by the T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile.
- I authorize a physician, nurse practitioner, nurse, dental hygienist, dentist, or designated health care professional to provide services as listed in this brochure for my child.
- I give my consent for necessary medical tests, evaluations, and management of my child's medical and dental care.
- I give my consent to the exchange of health history information between the school nurse, medical and dental providers, outreach coordinators and any other health care professional that may be necessary concerning the health of my child.
- The T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile record will be maintained at T.C. Thompson Children's Hospital as a confidential medical or dental record. It is not a school record. Confidentiality will be observed between the staff and child using the T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile.
- I authorized the T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile staff to release information to my/my child's regular doctor.
- I acknowledge that the T. C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile may release medical information and supporting documentation from my child's medical or dental record to any organization which is or may be responsible for payment of charges associated with my child's care and for all other purposes of benefit payment (insurance companies).
- This acknowledgement specifically includes the release of medical information concerning drug-related conditions, alcoholism, psychological conditions, psychiatric conditions, and/or infectious diseases including but not limited to blood-borne diseases.
- I acknowledge that I have received the privacy summary and had made available to me the privacy notice, which details how my/my child's private health information may be used.
- I acknowledge that my child's medical/dental records from the T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile may be stored electronically and made available through computer networks to Hospital personnel, physicians, dentists, and others involved in my child's care.
- I acknowledge that should my child be treated at another facility in the area affiliated with the Hospital, my child's medical/dental records may be made electronically available to the other facility and physicians involved in my child's care.

I give my consent for _____ to obtain all general medical, Dental and counseling services available at T.C. Thompson Children's Hospital at Erlanger Ronald McDonald Care Mobile.

Signature/relationship

Date

Care Mobile Parental Consent

Patient Name _____

Record # _____