



Telehealth Clinic Authorization

Parent/Guardian authorization is required for all students participating in school-based telehealth. This form must be completed, signed and returned to your child's school in order for them to participate in telehealth and receive related medical evaluation and treatment.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Upon notification, I, \_\_\_\_\_, the \_\_\_\_\_, of the minor child listed above, hereby requests and authorizes Special School District of St. Louis County to facilitate treatment and health care for my child to be provided by iFM Community Medicine medical providers via telehealth connection. I understand that a telehealth connection is the process of delivering health care services by interactive video communications and/or by the electronic transmission of information to a telehealth provider located at another site. I authorize treatment including, but not limited to: primary care services and treatment of common illnesses. I consent for Special School District Nurses to receive protected health information about my child in order to carry out the treatment of my child as part of this visit and to remain in the room, where necessary to aid in the visit. I understand that I have the right to revoke this consent at any time. Revocation must be in writing and presented to the school named above. I understand that this consent will be effective for the duration of my child's enrollment at SSD from the date of my signature and that I will be notified prior to each individual telehealth visit involving my child.

\_\_\_\_\_ I have read and understand the services listed herein and my signature provides consent for my child to receive services as part of the school-based telehealth program.

\_\_\_\_\_ I do NOT wish for my child to participate in the school-based telehealth program.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I authorize the following people to participate in any telehealth visits my child may have:

Printed Name(s) and Relationship: \_\_\_\_\_

*Special School District*

12110 Clayton Road / Town & Country, MO 63131 phone: 314.989.8100 TDD: 314.989.8552

*Located in St. Louis County, Missouri, SSD is a nationwide leader in providing special education services and technical education.*