



Consent allowing Bassett Healthcare School-Based Health to access student's demographic information (address, emergency contact, and phone information) and daily school schedule.

1. I understand that there are times when the Bassett Healthcare School-Based Health Center (SBHC) may not have the most current information about my child such as a current address, telephone number, parent/guardian or emergency contact information when needed for care.
2. I understand the SBHC will do its best to schedule visits, if at all possible, when it is the least disruptive to a student's school schedule. To do that they must be able to access my child's school schedule.
3. I understand that I have the right to withhold or withdraw my consent for the above requested information at any time. I may revoke my consent orally or in writing.

By signing this form, I give the Bassett Healthcare School-Based Health Center permission to:

Access _____'s ("Child") school class schedule and demographic information (Address, contact information, phone numbers), to call my Child out of class when needed, and to administer health care services to my Child as outlined by the Bassett Healthcare's School-Based Health program.

Child's Name

Signature of Parent/Guardian _____ Date: _____

10932 12/19 (f\forms\sbhc\doc)



Easy access to quality health care for kids
One Atwell Road • Cooperstown, New York 13326
Ph 1-844-255-7242 • **Web** www.bassett.org

Cooperstown • Delhi • Edmeston • Gilbertsville-Mt. Upton • Laurens • Middleburgh • Milford • Morris • Richfield Springs
Sherburne-Earlville • Springbrook • South Kortright • Schenevus • Sidney • Stamford • Unadilla Valley • Worcester Central Schools