

# ENROLLMENT – ThriveKids Student Wellness Program

Visit [chnola.org/thrivekids/enrollment](https://chnola.org/thrivekids/enrollment) for online form & translations

Children’s Hospital New Orleans’ ThriveKids Student Wellness Program (“CHNOLA ThriveKids”) partners with your school to support student health and keep kids in class. Enrolling your student in this program authorizes CHNOLA medical professionals to:

- Optimize your student’s health by reviewing the records of medical events inside or outside of school,
- Make suggestions on what resources could help your student, and
- Communicate with the school nurse, mental health professional, or other school district representatives, as appropriate, about your student’s health for the purpose of care coordination within both the school and hospital setting to the extent necessary under the circumstances.

## This enrollment form:

- Is NOT a consent to treat your child, and
- Enrollment comes at NO COST to your family.



CHNOLA ThriveKids recognizes that access to medical and mental health services for students promotes and protects the health and well-being of a school’s student body and providing that access is consistent with CHNOLA’s charitable mission and tax-exempt purpose.

## AUTHORIZATION

I acknowledge my child’s medical records are confidential and can only be accessed by authorized individuals. Therefore, I authorize CHNOLA to exchange the student’s health information with the student’s school nurse, mental health professional, or school social worker/counselor for the purpose of care coordination. I understand that CHNOLA will make any disclosures that are required by law to meet mandatory reporting requirements. CHNOLA may use student health records to evaluate the quality of care provided and the effectiveness of offering these services. I understand that, unless revoked in writing, this authorization shall remain valid for the duration of my child's participation in CHNOLA ThriveKids. **I may revoke this authorization at any time by providing written notice of my intent to revoke to CHNOLA.**

I acknowledge that I can view CHNOLA’s privacy practices and patient’s rights at the following online resources:

<https://www.chnola.org/patients-visitors/patient-rights-responsibilities/>

<https://www.chnola.org/patients-visitors/notice-of-privacy-practice/>

**I understand that this enrollment in ThriveKids may be revoked by me in writing at any time by conveying my desire to revoke my consent to CHNOLA. Such notification can be provided by emailing [ThriveKids@LCMCHealth.org](mailto:ThriveKids@LCMCHealth.org).**

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By completing and signing this form, I agree to allow CHNOLA and my child's school to share information regarding my child's individual health records. I understand that I am under no obligation to authorize this sharing of information, and that I may revoke this authorization at any time.



## Student Information

School: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Student Needs – Can ThriveKids potentially help you explore resources? (Check all that apply)

- Primary Care Provider       Specialty Physician Appointment       Counseling Services  
 Behavioral Health Evaluation       Transportation       Insurance Coverage  
 Other: \_\_\_\_\_

## Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_