Tuba City
Regional Health Care Corporation

DEAR PARENT/GUARDIAN:

As part of its school health program, the Tuba City Regional Health Care Corporation offers immunizations and comprehensive health services to Tuba City High School students through the school-based **Teen Clinic**. The **Teen Clinic** is operated by hospital health professionals in the school nurse's office and tries to help students stay healthy and where they should be: ***in class***.

During the 2023-2024 school year, the following confidential services will be offered:

- **Routine health care**, including care of non-emergent illnesses and common adolescent physical concerns, preventive health screening, physical exams, laboratory testing, medical prescriptions, family planning counseling, sexually transmitted disease screenings, basic prenatal care, and other health guidance counseling. *Dental exams will not be routinely performed.*
- **Care for chronic illnesses**, (like asthma, diabetes, seizures, arthritis) if a student does not already have a regular doctor. Parents will be notified of any condition that requires ongoing testing or treatment.
- **Pre-participation sports exams**, as permitted by clinic scheduling.
- **Specialist referral and evaluation**, for diagnosis and treatment of more complicated health problems. Only first-visit mental health and alcohol/drug assessment may occur; ongoing mental health and substance abuse counseling requires additional parental consent. No non-emergency procedures will be performed without parental permission (unless covered under confidential adolescent services by state law).
- **Tele-psychiatry and in person mental health evaluation** for diagnosis and treatment of a wide range of emotional and behavioral concerns including depression, anger management, prolonged grief, eating disorders, parent-child problems, anxiety disorders. The services are offered via private television connection between your child and the mental health staff at TCRHCC and University of Arizona. All interactions are strictly confidential. A separate consent form will be required if the doctor believes that your child would benefit from medications or in person mental health treatment with a therapist.
- **Nutrition counseling**- bi-monthly
- **Dermatology clinic** – on a monthly basis
- **Physical Therapy clinics** will be offered by the TCRHCC Physical Therapy Department. These clinics will teach students how to care for routine physical therapy problems and how to prevent common problems such as neck and back pain and sports injuries.
- **Emergency medical care**, for accidents or serious illness. When necessary, a student will be sent to the Tuba City Regional Health Care Corporation clinic or emergency room.
- **Immunizations**, in accordance with state regulations. Immunizations routinely offered are: *Hepatitis B series, Hepatitis A series, Tetanus/Diphtheria/Pertussis booster, Measles/Mumps/Rubella booster, Influenza vaccine, Human Papilloma Virus vaccine, and the Meningococcal conjugate vaccine*

Parents will receive information about these vaccines when students are found to need them. Written consent is required for all immunizations given in the schools. Due to special refrigeration requirements, the Varicella vaccine must be given at Tuba City Regional Health Outpatient Clinic.

These services will complement those offered by the school nurse. School nurses offer additional services, such as vision and hearing screening, in accordance with state guidelines and regulations. All school health Teen Clinic care is confidential. Medical information is protected by the Privacy Act and only shared between hospital and school staff for the purpose of student health maintenance. Billing may be performed by the hospital as it would be for any hospital clinic visit.

Parents are encouraged to participate in their teen's health care. Please call the school nurse if you have any questions about the Clinic or would like to schedule a time to meet with the nurse or doctor.

Thank you for your help in keeping your teenager – and your community – healthy.

The Adolescent Health Team
Tuba City Regional Health Care Corporation

TUBA CITY REGIONAL HEALTH CARE CORPORATION
SY 2023-2024 HIGH SCHOOL TEEN CLINIC PERMIT

Student Name: ____ **Grade:** _______

Parent/Guardian Name: _____________________________ **Relationship:** _________

- **Brief Medical History** — YES / NO

Does your son or daughter have an ongoing and/or serious medical condition? ( ) ( )

IF YES, please explain: ____

____

Does your son/daughter take any regular medications? ( ) ( )

IF YES, for what condition?_______________________________________

IF YES, name and dose of medication(s):____________________________

IF YES, do you give consent for the high school faculty and staff to be notified of your child's required medication? ( ) ( )

Is your son/daughter allergic to any medication or food? ( ) ( )

IF YES, please explain:____

Is your son/daughter able to participate in all school activities? ( ) ( )

IF NO, please explain:____

Is your son/daughter currently under the care of a Mental Health professional? ( ) ( )

If YES, please explain:____

- **CONSENT**

I hereby give my permission for my son/daughter to receive comprehensive health care through the high school Teen Clinic. I understand that:

a. Services available through the clinic include routine health care, care for chronic illnesses, pre-participation sports examinations, family planning services, specialist evaluation and/or referral, physical therapy, immunizations, and emergency medical care. I have received a description of the services offered through the school Teen Clinic.

b. The Teen Clinic is managed and operated by the Tuba City Regional Health Care Corporation.

c. Care in the school Teen Clinic is confidential and protected by the Federal Privacy Act. Health information may only be shared between the hospital and school staff for the purpose of student health maintenance.

d. In the event that my son/daughter is referred for mental health services via the Tele psychiatry Program or for an in person consultation, I authorize electronic transmission of his/her medical information including video conference sessions, so that it can be viewed by a psychiatrist and other persons involved in his/her healthcare. I understand that medical records of tele psychiatry services will be kept at both the referring site facility and the consulting site facility. I give permission for mental health clinicians in training to observe my son/daughter's tele psychiatry session and I understand that I or my son/daughter can withdraw permission at any time. In the event that the mental health professionals feel that formal psychological or intelligence testing is recommended and/or medications are needed, I understand that I will be notified prior to the initiation of treatment, testing and/or therapy.

e. In the event that my son/daughter is referred for other services including Dermatology, Nutrition or Physical Therapy, I authorize electronic transmission of his/her medical information as outlined above.

f. I will be notified of any serious problem requiring ongoing testing or treatment.

g. I am encouraged to participate in my son/daughter's care. While some types of adolescent health care may not require parental notification, all teens are encouraged to involve parents in their care whenever possible.

h. This permission is only given for the 2023-2024 school year. I may choose to withdraw it at any time by writing to the school nurse or teen clinic.

____ ____________________

Parent/Legal Guardian signature *Date*

____

Parent/guardian's daytime phone number OR Person to be contacted in case of emergency

CONSENT FOR IMMUNIZATION
Tuba City Unified School District
2023-2024 SCHOOL YEAR

I hereby authorize the school nurse and school health staff to immunize my child/teen during the 2023-2024 school year. School health staff will review my child/teen's immunization records. I will be notified if he/she is due for the following vaccines:

Hepatitis B *#1*____________ *#2*_____________ *#3*______________

Tetanus/Diphtheria Booster (Td) ______*OR Tetanus/Diphtheria/Pertussis (Tdap)*_______

Measles/Mumps/Rubella (MMR) ___________

Influenza Vaccine __________

Varicella Vaccine __________

*Meningococcal Vaccine #1*____________ *#2*____________

Hepatitis A *#1*___________ *#2*___________

*Human Papillomavirus (HPV) Vaccine #1*__________ *#2*_________ *#3*_________

I have received a copy of the Vaccine Information Statements for these immunizations and understand how to contact a health professional if I need more information. (Tuba City Pediatric Clinic 928-283-2679)

To the best of my knowledge, my child has never had a serious reaction to any immunization.

____
Student Name

____
Grade

______________________________ ________________________________
Parent/Guardian Signature Date

The Adolescent Health Team
Tuba City Regional Health Care Corporation

From: Tuba City Regional Health Care Corporation Teen Clinic Staff
RE: New Meningococcal B vaccine available

Dear Parent of High School Students:
Attached is the new Vaccine Information Statement (VIS) for the new **Meningococcal B** vaccine that we are offering to students at your child's high school and through the Pediatric clinic.

We would like to make sure that you understand why we would like to start immunizing your student with this new vaccine prior to graduation this year.

Meningococcal infection is VERY RARE but can be devastating – it can cause very severe illness, meningitis/brain infection and even death. It is a contagious infection that is seen in all ages but is mostly seen in young infants and in young adults who are going to new situations where they will be in contact with other young people from different places in the country. For example, students going to college and staying in DORMITORIES, and new military recruits staying in BARRACKS have the highest risk of getting meningococcal infection compared to all others except for babies.

There are many different kinds of **Meningococcal** bacteria and currently we are already immunizing your student against 4 strains, as required by state school immunization standards. The newest vaccines against TYPE B Meningococcus are NOT currently required by the state, but this vaccine is VERY important as TYPE B is the type of bacteria most commonly seen in meningococcal illness spread in young adults.

TCRHCC has chosen a two dose vaccine series that we will start using as of Spring 2016. We are going to start targeting SENIORS and JUNIORS at the high schools to get them immunized prior to graduation.

Please return the attached consent form and we will immunize your student in our high school clinic- they will be called out of class and will not have to go to the pediatric clinic.

If your student prefers to get their immunizations at the pediatric clinic, you can call 928-283-2679 to make an appointment to get the **Meningococcal B** vaccine.

Please contact the school nurse or providers at the Teen Clinic if you have any questions. Thank you for helping us protect your students and our community!

CONSENT FOR IMMUNIZATION WITH MENINGOCOCCAL B VACCINE

I hereby authorize the school nurse and school health staff to immunize my child with Meningococcal B vaccine at the school clinic

I understand that the vaccine that will be used is the Bexsero® **Meningococcal B** vaccine which is a 2-dose series.

I authorize that the second booster can also be given at the high school clinic at the recommended time (1 month or more after the first dose)

I have received a copy of the Vaccine Information Statements for these immunizations and understand how to contact a health professional if I need more information.

To the best of my knowledge, my child has never had a serious reaction to any immunization.

Student Name	Grade
Parent/Guardian Signature	Date

The Adolescent Health Team
Tuba City Regional Health Care Corporation