



**Cougar Community Health Center
Consent to Treat**

Fremont County School District #6 has partnered with Community Health Centers of Central Wyoming (CHCCW) to provide healthcare services to members of the community as well as to the district's students. Our goal is to help our students gain healthcare services in a manner that may reduce the number of days a student is absent from school and a parent from work.

If you wish to use the Cougar Community Health Center, you will need to attend the first time with your child. After the first visit, you have the option to give verbal consent for your child to be seen in the Cougar Community Health Center. Your child will never have an appointment at the Cougar Community Health Center without your permission.

Please read and sign the statements below to authorize services for your child.

(Separate consent forms must be signed for each child)

I, _____ (print guardian's name), understand that a parent/guardian must be present the first time my child, _____ (student's name) receives services at Cougar Community Health Center in order to meet the provider and answer any questions that may arise.

I, _____ (print name), give Cougar Community Health Center permission to treat my child, _____ (student's name), after the first visit, without a parent/guardian present. I know I will be notified prior to my child's visit and prior to any visit to or services through the Cougar Community Health Center. I understand that medicaid, my insurance, or I will be billed on a sliding scale for any visit to the Cougar Community Health Center.

With my signature, I certify that I am the parent/guardian of the student named above and that I am authorized to sign for the student.

Signature of parent/legal guardian

Date