

SIU CARE-A-VAN Registration Form

Please provide the following information in order for your child to utilize the SIU CARE-A-VAN, the mobile health clinic located at Anna Jonesboro High School, Project ECHO and West Frankfort High School. Please print information.

Child's Name _____

Child's Social Security # _____ Birth Date _____

Name of Parent/Guardian _____ Relationship to Student _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Parent's Work Phone _____

Child's Physician _____ Physician's Phone _____

Expected graduation year 25 26 27 28 Other _____

Does your child have any form of health insurance? _____

If your child's healthcare is covered by private insurance, complete the following:

Person's name on policy and date of birth _____ / ____ / ____

Relationship to child _____

Social Security # of Policy Holder _____

Place of Employment _____

Insurance Company Name _____

Group # _____ Policy # _____

If your child has an Illinois Public Aid Medical Card or All Kids Health Care complete the following:

Child's Recipient number (9 digit #) _____

If your child does not have insurance, Illinois All Kids Health Coverage information and applications are available upon request.

Does your child have insurance that helps pay for prescriptions? _____

If your child needs medication, what pharmacy do you prefer? _____

List family members/guardians to be contacted in an emergency:

Name _____ Relationship _____ Phone _____

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I understand that the following services will be provided: physical exams, diagnosis and treatment of acute and chronic illness, treatment of minor injuries, prescribing medications, on-site simple lab tests, mental health counseling and referrals. I give my permission for my child to receive medical and mental health care services from the CARE-A-VAN staff. I have the right to refuse services. I understand that my child's insurance will be billed for the services and that I will be responsible for co-payments and/or services not covered. I also understand that my child has the right to receive service(s) for which they may consent for themselves per current Illinois law.

This authorization is binding for one year or until written notification of termination is received by this clinic. By signing, I authorize Anna Jonesboro, Project ECHO and/or West Frankfort High School to release immunization records to the SIU Care A Van.

Parent/Guardian Signature _____ Date _____