

# Deerfield Academy Health and Wellness Center

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## PERMISSIONS AND ACKNOWLEDGEMENTS

(Student is > 18 years old, therefore the student must sign)

Name of Student \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Parent/Guardian #1 \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Parent/Guardian #2 \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The following permissions and acknowledgements are required. The signature of the student who is 18 years old or older is also required on this form prior to participation in academic, cocurricular and other school-related activities

- During the time I am enrolled at Deerfield Academy, medical information protected by HIPPA may, at the discretion of the Medical Director or his/her designees, be shared and discussed with parents, guardians and emergency contact listed on this form unless separately documented and submitted.
- I hereby grant permission to the school medical staff to provide me medical care during the time I am enrolled at Deerfield Academy, as well as to submit claims to my insurance carrier for the care provided.
- I hereby grant permission to the school counseling staff to provide me counseling services as needed or requested during the time I am enrolled at Deerfield Academy. I have read and understand the *What is Counseling* document on the parent portal. I acknowledge and agree to abide by this services protocol.
- I hereby grant permission to the school medical staff to administer influenza vaccine and any immunization required by Massachusetts law or school policy. Vaccine Information Statement for inactivated Influenza Vaccine: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>
- I hereby grant permission to the school Medical Director and his or her designee to represent me during the time I am enrolled at Deerfield Academy with full power to authorize and consent to any medical treatment in the event of a medical or surgical emergency, including hospitalization, anesthesia and surgery.
- I hereby acknowledge that I have viewed and understand the **Notice of Privacy Practices** that describes how health services at Deerfield Academy may use and disclose my health information.
- I hereby acknowledge that I have viewed and understand the Concussion Education Courses for parents and students.
- I hereby acknowledge that Deerfield Academy does not necessarily conduct or require the health examinations that my state may require for public school students. I understand I can consult with my health care provider, my local school committee or my local board of health to learn more about these exams and that, if I want these exams carried out, it will be my responsibility to do so.

Name of student (≥ 18 years old): \_\_\_\_\_

Signature of student (≥ 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_