WARREN COUNTY SCHOOLS

One Team, One Goal, High Levels of Learning for All

ATTENTION: Parents/Guardians in the Warren County School System

The Warren County School System, in partnership with Satellite Med and Intellectual Care, is pleased to announce the launch of the Onsite Medical Clinic at Bobby Ray Memorial Elementary School. The Onsite Medical Clinic utilizes state-of-the-art technology to provide an efficient and accurate telemedicine solution for treating the physical and mental health needs of all students and faculty of the Warren County School System.

In order for your child to receive access to the Onsite Medical Clinic, all required paperwork must be completed. Once enrolled, and at the parent's discretion, students will be able to receive medical advice, diagnosis, and treatment at school. For students with TennCare, CoverKids, or other insurances, Satellite Med will submit claims to the insurance provider as if the student was seen in person. Standard co-pays apply. For students without insurance, all services will remain at Satellite Med's cash prices.

IF YOU WOULD LIKE YOUR CHILD TO HAVE ACCESS TO THE ONSITE MEDICAL CLINIC, PLEASE COMPLETE THE ENCLOSED FORMS AND RETURN THEM TO YOUR SCHOOL. THANK YOU!

satellitemed telemedicine

intellectual.care

BELOW IS A LIST OF COMMONLY ASKED QUESTIONS REGARDING OUR SERVICES.

What is telemedicine? Telemedicine is the use of technology by healthcare providers to treat patients remotely. Our telemedicine solution is a secure, two-way video connection between our Board-Certified healthcare providers at Satellite Med and our nurse at your chosen Satellite Med Telemedicine location. Our onsite nurse helps our providers conduct the visit on your child by screening, examining, and monitoring their vitals and immediate needs. This, along with special digitized equipment, gives the healthcare provider the ability to examine the child without physically being in the room.

What can be treated via telemedicine? Since launching our telemedicine product in 2014, we have been able to treat 98% of all medical illnesses that present at our onsite clinics. The remaining 2% have been referred to be seen in-person at Satellite Med. Below is a list of our most commonly treated illnesses.

- Skin concerns (cuts/abrasions/rashes)
- Sore throat
- Earache
- Pink eye
- coughs/colds
- Flu-like symptoms
- Ortho/injuries
- Urinary problems

We DO NOT treat chest pain, shortness of breath, or signs of a stroke. If you experience any of these symptoms, please call 911 or go to your closest ER or Satellite Med.

Who can be seen at the Onsite Medical Clinic? All students and faculty in the Warren County School System are eligible for enrollment in the Onsite Medical Clinic.

How are the services paid for? For students with TennCare or CoverKids insurance coverage, Satellite Med will submit claims to the insurance company (standard copays apply). For students without insurance, services will be provided based on Satellite Med's cash prices.

How does this help me? For parents, it's never a good thing when the school calls and tells you your child is sick. Especially if you work for a living, it may be impossible for you to leave your workplace immediately. With your permission, your child can have a telemedicine visit without leaving the school.

Will I be contacted before my child is seen at the Onsite Medical Clinic? Yes, the school nurse will always call the parent/guardian before your child is seen via telemedicine. If the parent/guardian cannot be reached, your child will not be seen via telemedicine, even if they have enrolled.

What if my family doctor is not at Satellite Med? No problem! We aren't trying to become your family doctor, but we are trying to improve your access to getting care when you need it most. If you would like to have your visit details forwarded to your family doctor, we will gladly do so for continuity of care and at no additional cost. Just provide us with your PCP's information in the consent below.

How will I know what happened during the visit? Our nurse or the school nurse will notify you regarding your child's visit and you will be informed of all findings, treatments, and recommendations.

How do I schedule an appointment? Simple! Just go to https://scheduling.satellitemed.com, click on "Schedule Appointment" and choose your preferred location. You may schedule this for your child online or the nurse on site can assist your child with your permission.

Consent for Evaluation and Treatment
(Consent to Treat)
Satellite Med Onsite Medical Clinic

Please read carefully and sign this consent authorization in order for your child to receive health care services at the Satellite Med Onsite Medical Clinic.

I hereby voluntarily give my consent for _____ to receive health care services offered by the Satellite Med Onsite Medical Clinic.

I understand that students ***are not required to pay for any First-Aid services*** provided by the Warren County School System nurses (examples: Band-Aids, antibiotic ointment). However, if the child experiences significant cuts/abrasions, rashes, sore throat, pink eye, fever, head lice, earache, cough, cold, flu-like symptoms, or other acute symptoms, you will be contacted first. If you choose to use the Onsite Medical Clinic, charges will be billed to your insurance company. If you are uninsured, your charges will be based on Satellite Med's cash prices. **The Warren County School System is in no way responsible for any charges or bills that your child may incur.**

I understand that if my child requires medical treatment that is beyond the scope of the Satellite Med Onsite Clinic, the nurse will initiate a referral to Satellite Med or the health care facility of your choosing. I am assured that I, as parent/guardian, will be contacted by phone before any billable service is provided, and no services will be performed, including transportation or transfer to another medical provider or facility, will occur without verbal permission unless lifesaving treatment is necessary.

In case of emergency, I understand the school will call 911 and will render emergency care within the scope of the training and licensure of the staff until an ambulance arrives and care is transferred to Emergency Medical Services.

I understand that confidentiality between staff and students is assured. Only the Satellite Med Onsite Medical Clinic staff will have access to medical records; however, the school nurse may help inform parents/guardians of their child's illness by phone or in person. Health records will not be shared without the parent's permission, except to file insurance or other payment related documentation or as may be required by law. I understand that the Satellite Med Onsite Medical Clinic will adhere to the confidentiality and care standards as outlined in the Health Insurance Portability and Accountability Act (HIPAA). A summary of these rules can be found in the clinic or online.

I understand that by signing this form, my child can be treated during the school year for all the years they are enrolled within the Warren County School System. I understand that I can withdraw this consent authorization only by written document delivered to the staff of the Onsite Medical Clinic.

I hereby certify that I have read and understand this consent authorization and accept the terms contained herein.

Parent/Legal Guardian's Signature: _____Date:_____

MEDICAL CONSENT FORM FOR STUDENTS

Parent/Legal Guardian Name:
_____

Parent's DOB: _____
Parent's Social Security Number:
_____

Address: _____

_____

Home/Cell Phone #:
_____

Work Phone #: _____

Do you have Insurance? ☐ Yes ☐ No **(*Please include copy of insurance card)**

Name of Insurance:
_____

Insurance Group #:
_____

Policy #: _____

Student's Full Name:
_____

Student's Date of Birth:
_____

Student's Social Security Number:
_____

Grade: _____

Does your child have Insurance?
☐ Yes, same as Parent/Legal Guardian
☐ Yes, but different than Parent/Legal Guardian
☐ No Insurance

Name of child's Insurance:
_____

Insurance Group #:
_____

Policy #: _____

(PLEASE INCLUDE COPY OF INSURANCE CARD)

Last Name	FIRST NAME	BIRTHDATE

DATE OF LAST PHYSICAL		Primary Care Provider	

Chronic Illnesses (Please list any ongoing medical conditions your child may have, including Asthma, ADHD, and Diabetes)	
1	
2	

Medication List		Dosage
1		
2		

Allergies	
1	
2	

Surgical History (If yes, please explain when and where surgery occurred.)	
No	
Yes	

Family History								
Patient's Father		Deceased		Cause of death			age at death	
		Alive						
Patient's Mother		Deceased		Cause of death			age at death	
		Alive						

Family Chronic Illnesses (Please list any ongoing medical conditions that are prevalent in your family, including Heart Disease, Depression/Anxiety, and Diabetes.)	
1	
2	

ADDITIONAL INFORMATION

Pharmacy preference: _____

Name & location of patient's Primary Care Provider (If no PCP, please write none"):
_____

If you give us permission to send/fax records of your telemedicine visit to your PCP for continuity of care, please sign below. Please note, you are required to request the record to be sent at the time of your visit.

Parent/Legal Guardian's Signature:
_____Date:_____

TO SCHEDULE YOUR APPOINTMENT, go to: https://scheduling.satellitemed.com. Select the location where you or your child will be seen, and select a time. Answer the questions to the best of your ability (as we will use this information to help conduct your visit), and show up at the clinic location at your visit time. It's that easy!

EMERGENCY CONTACT INFORMATION

I, _____, hereby give permission for the following individuals to act on my behalf if I am not present for the visit or cannot be contacted by telephone, and give permission to allow treatment of my child at the Satellite Med Onsite Medical Clinic.

Permission given to:
Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____

Parent/Guardian Signature:
_____
Relationship to Student:
_____
Witness Signature:
_____
Date: _____