



We can help care for your student!

If your student is sick and you are unable to miss work or make arrangements to take them to the doctor...**THIS PROGRAM IS FOR YOU!**

Seneca Schools and Freeman Seneca Family Medicine have joined together to keep our students healthy! Students and staff will have immediate access to a nurse practitioner/physician via telecommunication and priority scheduling. Prompt treatment will allow them to return to the classroom as quickly as possible!

How to use the School Clinic Program:

- Review **Frequently Asked Questions**.
- Authorize the school to release your student's medical information to the clinic, for future use.
(Sign bottom box on backside of **Student Health Summary Form**.)
- Sign **Consent to Treatment Form** in this packet and return to school nurse to have on file for future use.
- Review **Pathways For Care** to see which pathway fits your child's needs and to see **HOW YOU WILL BE CONTACTED** to give consent before treatment is initiated.

For further questions,
please ask your school nurse
or call **417.776.5910**



Frequently Asked Questions for Students and Families

What is the school clinic program?

The Seneca R-7 School District is partnering with Freeman Seneca Family Medicine to provide health care to students, faculty and staff in an easily accessible venue. School health clinics strive to improve the physical and mental health of students, increase access to health care and decrease the time lost from school by partnering to provide health services. School health programs provide an optimal setting to foster learning readiness and academic achievement while helping to meet the health care needs of children.

What is telecommunication?

Telecommunication is the use of digital technologies to assist in the delivery of medical care, health education and public health services by connecting multiple users in separate locations.

Who is eligible for clinic services?

All students, faculty and staff of the Seneca R-7 School District.

What is the cost?

Freeman Seneca Family Medicine bills all insurance types. No student is denied services based solely on inability to pay. If you do not have insurance, your student will receive care. Our financial counselors are available to assist you in identifying payment options.

How can this program help me care for my student?

Many parents face challenges when trying to balance work-life responsibilities — this can be especially difficult when a student experiences an illness or injury at school and the parents are at work. The partnership between the Seneca School District and Freeman Seneca Family Medicine provides timely, convenient care for students. Our goal is to decrease the number of school days your student misses by providing priority access to a medical provider who works hand-in-hand with your school nurse. Together, they determine if your student can return to the classroom or requires further evaluation. For students who need further treatment, we offer priority scheduling — this means your student can get in to see a healthcare provider at Freeman Seneca Family Medicine immediately, with your consent.

What if I cannot miss work or have no transportation to take my student?

If you have difficulties getting your student to an appointment due to work or lack of transportation, the school district can provide transportation from the school to Freeman Seneca Family Medicine. You must contact your school office or school nurse to make transportation arrangements. **It is preferred** that parents be present at the first appointment. If that is not possible, parental consent is required for the school to seek care on behalf of your student. **Please sign the attached *CONSENT TO TREATMENT* if you wish for the school to seek care for your student.**

Will signing up mean that we can't use our family doctor? If we have a family doctor, do we need these services?

The school clinic program is not meant to replace your student's healthcare provider, although you may use the program even if you have your own provider. You may find it convenient to use the program to help manage your student's care for an illness or injury that occurs at school or for other services, such as health screenings, that could help your student avoid missing school.

Can I choose whether my student will receive services? If so, can I select which services my student may use?

Yes. The school nurse will **always** contact you to obtain permission before seeking treatment for your student with the Freeman Seneca Family Medicine providers. Parents are **always** encouraged to contact the staff with questions or concerns and to be present during their student's healthcare visit.

Can the school clinic professionals serve as our primary care provider?

Yes, absolutely! The staff at Freeman Seneca Family Medicine are trained medical health providers able to care for you and your student as primary care providers. They are happy to build a relationship with you to work together in making sure your student stays healthy.

Will my student's medical information be kept confidential?

Yes. Your student's health information will be treated with strict confidentiality. By signing the consent form, you authorize the clinic staff and school nurses to communicate and share medical information about your student's medical condition with your student's primary care provider. It is your responsibility to notify the school of any medication, allergies or medical problems that may affect your student during school.

What services can be provided through the school clinic program?

- Audiovisual conferencing between the school nurse and a nurse practitioner to determine whether your student can return to class or needs further evaluation or treatment
- Physical exam by a nurse practitioner, or physician, with diagnosis and treatment of illness and minor injuries
- Health and nutrition education, counseling and wellness promotion
- Behavioral health services
- Prescription for medications when necessary for treatment of acute illnesses or conditions

When is this service available?

This service is available during the school year — Monday through Friday during school hours.

Who do I call if I have a question, need information, or want to schedule an appointment?

Your school nurse will answer general questions about the program, or you may contact Freeman Seneca Family Medicine

Students: 417.776.5910
1606 Olive Street
Seneca, Missouri 64865

Consent to Treatment and Agreement to Pay for Such Treatment

Name of Student/Patient: _____

I have read and I agree to the following consent and financial agreement:

I give consent for medical treatment by a licensed provider who may be a physician or an advanced practice registered nurse employed by Freeman Health System (“Freeman”) for medical care to the Student/Patient named above. I understand that services are available without discrimination prohibited by federal and state law. If consenting for a minor child, I understand that no treatment will be given without my knowledge or consent unless an emergency exists or care is allowed by Missouri law. This consent shall be in accordance with the standard Freeman Consent to Treatment form, which is incorporated herein by reference, a copy of which can be obtained from the School named above (“School”) or any Freeman facility.

Should it be necessary that the Student/Patient be transported to a Freeman facility for treatment I may consent to the School providing such transportation, if available, in accordance with school policy.

I understand that the Information in my (if I am an adult or a consenting minor under Missouri law) or my child's medical record is confidential and will not be released to any unauthorized person or agency without consent.

I agree to be financially responsible for all medically necessary services provided to me or to the Student/Patient under this consent. I hereby assign to Freeman any and all benefits payable from any insurance plan covering the Student/Patient and request that such benefits be paid directly to Freeman, which will be applied to the charges for services rendered. I agree to the terms of the standard Freeman Financial Agreement, which is incorporated herein by reference, a copy of which can be obtained from the School or any Freeman facility. I understand that I MUST provide Freeman with a current copy of my health insurance card or I will be charged as a “self-pay” patient. I will notify Freeman if my health insurance changes and I will provide a copy of any new health insurance card to Freeman.

I understand that Freeman may disclose all or any part of the Student’s/Patient’s medical record to any insurance company, pharmaceutical manufacturer, medical services company or person which is or may be responsible for payment under a contract for charges made.

I authorize Freeman to disclose all or any portion of my (if I am an adult or a consenting minor under Missouri law) medical record to my child's primary care provider, who is _____.

I authorize Freeman to disclose all of my (if I am an adult or a consenting minor under Missouri law) or my child's immunization record to the School.

I authorize Freeman to obtain copies of my (if I am an adult or a consenting minor under Missouri law) or my child's school records, including any medical records that may be on file with the School, if such records will assist the medial staff in providing the necessary care for my child. The School may rely on this authorization in providing requested copies of school records.

Please complete other side.

With my signature, I certify that I understand the above agreement and that I am authorized to sign for the Student/Patient.

Date: _____

Signature of parent or legal representative of Student/Patient or of Student/Patient if the Student/Patient can consent to his/her care under Missouri law.

Relationship to Student/Patient

Address and Phone Number

Telephone/Verbal Consent

The person responsible for the care of the Student/Patient, namely _____ (insert name of parent or legal representative) has been fully informed of the provisions set forth above and has verbally authorized me to sign this form on their behalf in order of the Student/Patient to receive needed care.

Name, position and contact information for person signing

PATHWAYS FOR CARE

Choose the **PATHWAY** that fits your child's needs

If Your Child Gets Sick at SCHOOL

School nurse evaluates student.

Student requires medical care beyond school resources. School nurse conducts audiovisual consult with Freeman Seneca Family Medicine Nurse Practitioner/Physician and maintain student's confidentiality.

Nurse notifies parent/guardian to discuss recommendations.

If visit to see a primary care provider is recommended:

Parent takes student to personal physician **OR** calls Freeman Seneca Family Medicine 417.776.5910 for immediate appt and transports student to appointment.

Parent and child attend first appt together.

Follow-up appts are scheduled as needed.

Parent authorizes school nurse to schedule immediate appt for student with Freeman Seneca Family Medicine Nurse Practitioner or Physician. School transports student to/from appointment.

Parent may be contacted during exam to obtain current medical history and insurance for student. **Recommended treatment and discharge instructions will be communicated to parent.**

If Your Child Gets Sick at HOME

Parent calls *Freeman Seneca Family Medicine* 417.776.5910 to schedule an appt.

Parent attends appt with child.

Follow-up appts are scheduled as needed.

If Your Child Needs Behavioral Health Services

School counselor or principal talks with parent and offers mental health resources.

Parent calls *Will's Place Neosho*. To schedule appt call 417.451.4565.

Parent(s) and child attend first appt together.

Ongoing sessions are scheduled as needed.

