



## Mobile Health Services for Schools

SARHA's Mobile Health services offer students easier and more efficient access to medical care. You are in no way required to utilize these services. Should you choose to utilize the services offered in the mobile unit it will never disrupt your child's relationship with their current primary care provider or pediatrician if applicable. The goal of SARHA's mobile health center is only to offer easier access to care when your child needs it.

**If you are interested in any of the services offered through SARHA's Mobile Health Center, please check below to let us know how you would like to receive the required information for your child to receive services at any time whether by appointment or as a walk-in when the mobile unit is on the school campus.**

- I would like to receive the Required Informational Packet in the form of a **paper packet**. Once this form is returned to school you will receive a paper packet for you to complete all required information. Please fill out the Required Informational Packet completely and return to the child's school.
- I would like to receive the Required Informational Packet **electronically**. If you choose to receive electronically, please fill in all the information **BELOW**. Once this form is returned to school you will receive all required information via text message from Southeast Alabama Rural Health Associates (SARHA).

\*Required Pre-Registration Information (only fill out this portion if you would like to receive required paperwork electronically)

Student Name (First, Middle, Last) \_\_\_\_\_

Student Date of Birth (MM: DD: YYYY) \_\_\_\_\_

Circle One : Male (Student)   Female (Student)

**Parent/Guardian Information:** Please provide a good phone number and email address. This is how you will be contacted regarding appointments and all other necessary information that will be needed for your child to receive medical services at any time on SARHA's Mobile Health Center whether by appointment or as a walk-in.

**Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please know the cell number and email address will be our point of contact regarding all Patient Health Information (PHI)

Please CIRCLE one if applicable: BC/BS   Medicaid   All-Kids   Uninsured   Other

Child Name	Grade / Teacher	School Name