**Consent for Treatment in the Starr Wellness Center**

**Located in the Malden High School Nursing Office**

**Mondays from 1:30 PM – 3:00 PM and Wednesdays from 9:30 AM – 12:00 PM**

Dear Parent or Guardian,

Malden Public Schools is pleased to announce our continued partnership with Tufts University Family Medicine Residency and Cambridge Health Alliance at the Starr Center within Malden High School. The Starr Wellness Center is *free of charge* and has been a part of Malden High School’s health delivery system since 2002. The Starr Wellness Center is run in the high school nursing office two days a week: Mondays from 1:30 PM-3:00 PM and Wednesdays from 9:30 AM-12:00 PM. The purpose of this program is to provide easier and timelier access to health care services while decreasing absenteeism.

This program affords students the opportunity to see a provider affiliated with Tufts University Family Practice Residency and Cambridge Health Alliance. Services provided include acute visits (sore throat, colds, mild injuries, gastrointestinal problems, etc…) sports physicals and counseling and education services. More complicated and chronic issues will be referred to the student’s primary care physician.

Those students under the age of 18 who wish to be seen and treated by the physician must have this permission slip signed by a parent or guardian. Those students who just have a question can drop by and “ask a doc”.

For more information, please contact Patricia Tramondozzi, RN at 781-397-6106.

**I authorize the Tufts University Family Practice Residency and Cambridge Health Alliance to provide the necessary medical tests, procedures and treatments in the medical evaluation and management of my child’s healthcare during their time at Malden High School.**

**I authorize the exchange of health history information between the school nurse and the Starr Wellness Center.**

**This consent is valid for the time that a student is at Malden High School. This consent may be withdrawn at any time.**

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Name of Child Date of Birth

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Signature of Parent/Guardian Date

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Daytime Phone Number