

**Benzie-Leelanau District Health Department
POLICY/PROCEDURE**

PROGRAM: School Health, School Wellness Program (SWP)

SUBJECT: Consent for Services

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EFFECTIVE DATE: September 1, 2022
REVIEWED October 1, 2023

REVISED: December 20, 2022,

REVIEWED:

ISSUED BY: Michelle Klein, RN, MA, PH-C
Director of Personal Health

PURPOSE: To provide guidance for obtaining parental or minor consent to care for School-Based Health Services, specifically, SWP.

POLICY: Consent for services will be obtained prior to providing services. Consent may be parental consent, minor consent (for confidential services only), or verbal consent (for the client's first visit only). *This consent policy may require approval by Boards of Education or Advisory Committees if required by program mandate.*

PROCEDURE:

1. Parent/guardian must provide consent for medical services, including the following (*note not all services below are offered by the School Wellness Program):
 - Primary care*
 - Treatment for illness and injuries
 - Physical exams for school, sports, and camp*
 - Risk Assessment
 - Basic laboratory services and tests*
 - Referral for specialty health services
 - Health assessment, education, and risk reduction programs
 - Chronic disease management
 - Immunizations*
 - Vision/hearing screenings
 - Dental care*
 - Individual, family, and group counseling services

2. Medication Administration: routine medication administration will not occur through the SWP. The SWP nurse may facilitate a medication administration process with the designated school staff. Over-the-counter medication administration under a standing order from the medical director may occur with parental consent. Some medication administration may take place through the SWP in an emergency.

3. Clients without consent forms signed by parent/guardian on file will not be seen, except for the client's first visit when staff will telephone parent/guardian for verbal consent on a one-time-only basis. Verbal Consent is documented electronically on the consent form in the student's electronic health record.
4. Parental Consent is effective as long as child/adolescent is 17 years of age and under or written notification to withdraw consent is made by parent/guardian.
5. Prior to receiving services, a client must have a parent consent form on file, with the following exceptions. **Exceptions c-h is in accordance with Michigan state laws regarding confidential services; Exception i requires proof of emancipation status.**
 - a. When referring to DHHS for child abuse/neglect.
 - b. Clients with a life or limb threatening emergency requiring emergency care, first aid, crisis intervention. Attempts will be made to contact the parent(s) at once.
 - c. Clients requesting testing, diagnosis, and treatment for an STI.
 - d. HIV counseling and testing.
 - e. Pregnancy testing, prenatal and pregnancy related care and health care for the minor children of teen parents.
 - f. Clients requesting substance abuse services.
 - g. Clients age 14 and older requesting mental health services. Up to 12 visits or four months of services (whichever comes first) shall be provided to youth age 14 years and over prior to requiring parental consent for continuation of services. Parents/guardians of minor that consent to treatment for mental health services as allowable under Michigan statute shall not be liable for the cost of services received by the minor.
 - h. Clients requesting family planning services, such as reproductive health counseling, contraceptive counseling, or referrals to obtain contraceptives. Family planning services excludes abortion counseling, services, and referrals for abortion services and prescribing, dispensing, or otherwise distributing family planning drugs and/or devices.**
 - i. Clients who are age 18 and older, emancipated minors, legally married, under court order, in the presence of a law officer when the parent cannot be promptly located, and/or members of the US Armed Forces provide consent for services themselves.
6. A Minor Confidential Services Consent Form will be completed for Confidential Services. This form only needs to be signed once and scanned into the student's electronic record as authorization for additional Confidential Services.
7. Regarding minor consent, (a) parents are not liable for the cost of minor consented services; (b) client is competent to give consent; (c) client is emotionally and cognitively capable of consent; (d) client gives consent voluntarily (without coercion); (e) provider ensures minor is capable of understanding consent; (f) client is informed, agrees with, and understands when information is shared; (g) minor consent is documented in the medical record.
8. Health Update forms will be available for student and families on a yearly basis to obtain updates on addresses, names, insurance, health history, and needs. Completing the Health Update form is not mandatory for receiving services.
9. Upon consenting for services (by signing the parental or minor consent form), health care information may be shared between the SWP and the student's primary care provider.
10. Consent policy and form complies with all applicable FERPA and HIPPA rules; specifically, communication with (a) parents is per policy as above, (b) PCP communication upon signature of consent, and (c) school staff on a need-to-know basis when needed to coordinate services for the

health and safety needs for the student (I.E hall pass communication with school, excuse/absence notices from SWP).

11. If services are provided through telehealth, including live two-way video, audio, or other computer-based services, minors/parents must read and declare understanding of the information on privacy and possible risks contained in a separate *Telehealth Information* document.

DEFINITIONS:

Parent or guardian: a birth parent, adoptive parent, or legal guardian. In cases of divorce, the parent with legal custody gives consent but **the non-custodial parent may give consent if custodial parent is unavailable or inappropriate (such as with an abuse/neglect investigation)**. Foster parents may give consent for their dependents if they produce a signed document from the birth parents or the court. Stepparents, grandparents, and other relatives may not consent unless they can produce a document showing they have legal custody.

Age of Majority: A student may consent for his/her/their own services once they meet the age of majority (18 years of age) or meet the requirements of an emancipated minor.

CAHC Program: For the purposes of this guidance document, the CAHC program refers to full clinical, alternative clinical, and SWP models.

Clients Aged 18 and Over: Clients who become the age of 18 and over during the course of services.

Emancipated Minor: Emancipation occurs by court order through a petition filed by a minor within the family division of the circuit court, or the following: 1) A minor is validly married, 2) A person reaches the age of 18 years, 3) During the period when the minor is on active duty with the armed forces of the United States, 4) For the purposes of consenting to routine, nonsurgical medical care or emergency medical treatment, when the minor is in the custody of a law enforcement agency and the minor's parent or guardian cannot be promptly located, 5) For the purposes of consenting to his or her own preventive health care or medical care including surgery, dental care or mental health care, except vasectomies or any procedure related to reproduction, during the period when the minor is a prisoner committed to the jurisdiction of the department of corrections and is housed in a state correctional facility; or the period when the minor is a probationer residing in a special alternative incarceration unit.

Minor: Person 17 years or younger.

REFERENCE:

Parental Rights Restoration Act, MCL 722.901-909

Mental Health Code, MCL 330.1498d (inpatient care), MCL 330.1707 (outpatient care)

Public Health Code, MCL 333.5127 (STIs/HIV), MCL 333.5133 (STIs/HIV), MCL 333.6121 (substance abuse services), MCL 722.623 (STIs/HIV)

Emancipation of Minors Act, MCL 722.1-722.6

Age of Majority Act, MCL 722.52