

MHHS SCHOOL BASED HEALTH

ANNUAL UPDATE FORM

Dear Parent/Guardian,

Please complete the following form so that we can update your child's current chart. If your child is not already enrolled with us complete this form and we will send you an enrollment packet. You may contact us with any questions at:

- Calhoun SBH 304-354-9732 or text 304-602-2263
- Gilmer SBH 304-462-3415 or 304-462-7338, or text 304-602-4481

STUDENTS NAME/AGE _____

ADDRESS/PHONE _____

EMERGENCY CONTACT _____ PHONE _____

CURRENT SCHOOL: () CMHS () Arnoldsburg Elementary () Pleasant Hill Elementary

() GCHS/Middle School () Gilmer County Elementary

() Little Kanawha Valley Christian () Normantown Christian School

GRADE/HOMEROOM TEACHER _____

MEDICAL/SURGICAL/DENTAL HISTORY _____

MEDICATIONS _____

ALLERGIES _____

PRIMARY PHYSICIAN _____ PHARMACY _____

DENTIST _____ ORTHODONTIST _____

IF YOU WOULD LIKE YOUR CHILD TO HAVE A WELL CHILD CHECK COMPLETED AT SCHOOL BASED HEALTH PLEASE INTIAL HERE _____

Primary Health Insurance

Name of insured parent/guardian: _____

Birthdate of card holder: _____ SSN of cardholder: _____

Address (if different from child) _____

Group & ID number: _____

CHIP: Group and ID number: _____

Medicaid: Health Plan Unicare Carelink WvDow Other _____ (Please circle one)

Medicaid Number: _____

Check if no health insurance: _____

Secondary Health Insurance (if applicable)

Name of insured parent/guardian: _____

Birthdate of card holder: _____ SSN of cardholder: _____

Group & ID number: _____

CHIP: Group and ID number: _____

Medicaid: Health Plan Unicare Carelink WvDow Other _____ (Please circle one)

Medicaid Number: _____

Dental Insurance

Name of Insurance _____ ID # _____

Subscriber's Name: _____ Subscriber's DOB: _____

Signature of Parent / Legal Guardian

Date