



The Sevier County School System Announces
S.M.A.R.T.
(Student Medical Assistance Response Team)

What is telemedicine?

Telemedicine is a way to connect your child to medical providers while your child stays at school.

The telemedicine connection is a secure, two-way video link with your child and the school nurse on one end, and a medical provider on the other.

During a telemedicine visit, your child can be screened, examined, diagnosed, treated, and monitored. Special equipment gives the provider the ability to examine your child's ears, eyes, nose, throat, lungs, skin, etc.



What can be treated with telemedicine?

Your child can be seen for the following concerns: Cuts/abrasions, rashes, pink eye, coughs/colds, strep throat, earaches, and/or flu-like symptoms.

How does this help you?

When you receive a call from the school telling you that your child is sick, you might not be able to leave your workplace immediately. With your permission, your child can have a telemedicine visit without leaving the school. This saves gas and work time. A call from a medical professional will give you the information you need to care for your child. Telemedicine services can give you peace of mind, which comes from knowing that your child can be cared for by a medical team after you have received an unexpected call from the school telling you that your child is sick.

To see if this service would be a good fit for you and to find out more information on how your child might use these services, please turn the page!

Cherokee Health Systems School Site-Based Clinic

Cherokee Health Systems is pleased to provide a School Site-Based Clinic at seventeen Sevier County Schools beginning this school year!

Who will staff the clinic? A Sevier County School RN will be at the school. A Cherokee Health Systems pediatric or family nurse practitioner will be available via telemedicine.

Who can be seen at the clinic? Students enrolled at the seventeen school sites, in grades K-8 are eligible to be seen at the clinic.

What services will be provided? Sick visits (for example; sore throat, earache, cough, cold, lice, cuts, minor injuries, rash, pink eye, and/or flu-like symptoms) and lab testing (such as strep throat and flu testing) are provided.

How are the services paid for? For students with TennCare or CoverKids insurance coverage, Cherokee Health Systems will submit claims to the insurance company (standard co-pays will apply). For students without insurance, services will be provided for \$5.00 per visit, with a minimal charge for lab services. Although Cherokee Health Systems is a provider for other insurances, it is recommended that you contact your insurance company to see if Cherokee Health Systems is a provider on your plan before seeing the nurse practitioner via telemedicine.

Will I be contacted before my child is seen in the clinic? Yes, the RN will always call the parent/guardian before your child is seen by the nurse practitioner. If a parent cannot be reached, your child will not be seen by the nurse practitioner via telemedicine. For this reason, please be certain that your phone information is up-to-date at all times.

How will I know what happened during the visit? A parent or guardian will be informed of the findings, treatment, and recommendations.

If you would like your child to have access to the School Site-Based Telemedicine Program, please complete the enclosed forms and return them to the school.

- Consent for Evaluation and Treatment
- Pediatric Medical History Form

Thank you. We look forward to having a healthy year!

Consent to Treat

Cherokee Health Systems School Site-Based Clinic

Please read and sign this consent authorization in order for your child to receive health care services at the Cherokee Health System's School Site-Based Clinic.

I hereby voluntarily give my consent for my child to receive health care services offered by the Cherokee Health Systems School Site-Based Clinic* which may include treatment for cuts/abrasions, rash, sore throat, pink eye, head lice, earache, cough, cold, and/or flu-like symptoms.

Note: If the nursing staff feels your child needs to be seen by the nurse practitioner or your child's primary care physician, you will be contacted. If you choose to use our nurse practitioner services, charges will be billed to your insurance company. If you are uninsured, your charges will be based on your income and a sliding scale will be applied. **The Sevier County Schools are in no way responsible for any charges or bills that your child may incur.*

I understand that if my child requires medical treatment that is beyond the scope of this School Site-Based Clinic, the staff will initiate a referral to another health care provider. I am assured that I, as parent/guardian, will be contacted before any billable service is provided, and no services will be performed, including transportation or transfer to another medical provider or facility, will occur without verbal permission unless emergency lifesaving treatment is necessary.

I understand that the Cherokee Health Systems School Site-Based Clinic will adhere to the confidentiality and care standards as outlined in the Health Insurance Portability and Accountability Act (HIPAA). A summary of these rules can be found in the clinic.

I understand that by signing this form, my child can be treated during the school year. I hereby certify that I have read and understand this consent authorization and accept the terms contained herein.

Student's Full Name _____ Date of Birth _____

Grade _____ Homeroom Teacher's Name _____

Address _____

Emergency Contact _____ Phone _____

If your child is insured, please provide a copy of your child's insurance card.

Parent/Guardian Name _____ SSN _____

Home Phone _____ Work Phone _____ Cell Phone _____

- I do not want my child seen in the School Site-Based Health Clinic unless I am present.
- I decline these services for my child.

Parent/Guardian Signature _____ Date _____



MEDICAL CONSENT FORM FOR MINORS

I, _____, give permission for the following individuals to act on my behalf if I am not present for the visit or cannot be contacted by telephone, and give permission to allow treatment of my child at the Cherokee Health Systems School Site- Based Clinic.

Permission given to:

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Student Name _____

Parent/Guardian Signature _____

Relationship to Student _____

Witness Signature _____

Date _____