

**SENECA COUNTY GENERAL HEALTH DISTRICT**  
CONSENT FOR CARE & RELEASE OF INFORMATION

1 step      2 step

Amt. paid \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Medicaid Plan \_\_\_\_\_ # \_\_\_\_\_

Leave msg. on answering machine?   Y      N      Leave msg. with person who answers phone?   Y      N

I authorize the Seneca County General Health District (SCGHD) staff to examine and treat my child/myself as needed. I consent to all medical care, examination and tests determined to be necessary.

I have received an explanation of the risks and benefits for all services received, and my questions have been answered. I also understand I have the right to refuse services at any time. If I refuse services, the SCGHD will make efforts to ensure that I understand the implication and potential consequences of refusing or withdrawing consent for services.

**AUTHORIZATION: I hereby authorize the Seneca County General Health District to release the aforementioned individual's health information to any doctor, school and/or agency when requested for the following services:**

\_\_\_\_\_ TB Test \_\_\_\_\_      \_\_\_\_\_ Senior Programs  
\_\_\_\_\_ Blood Lead Level (DR.) \_\_\_\_\_      \_\_\_\_\_ BCMH  
\_\_\_\_\_ Pediculosis \_\_\_\_\_      \_\_\_\_\_ Other \_\_\_\_\_

<b>Client Signature: (18 and older)</b>			
<b>X</b> _____	_____	_____	_____
First	MI	Last	Date
<b>Guardian Signature: (17 yrs. &amp; under)</b>			
<b>X</b> _____	_____	_____	_____
First	MI	Last	Date
Relationship: _____			

----- **For Staff Use Only** -----

<b><u>Mantoux Step 1</u></b>			
Date given: _____ / _____ / _____	Site: LFA / RFA	Lot # _____	Administered by: _____
Date read: _____ / _____ / _____	Results: _____	Read by: _____	
<b><u>Mantoux Step 2</u></b>			
Date given: _____ / _____ / _____	Site: LFA / RFA	Lot # _____	Administered by: _____
Date read: _____ / _____ / _____	Results: _____	Read by: _____	