



Forest Grove SBHC **Registration Form**

Please complete this form and return it to your school or call to provide the information of the phone.

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Student Name

.....
Student Date of Birth

.....
Parent and/or Guardian Name (individual responsible for the account)

.....
Address

.....
City

.....
State

.....
Zip

.....
Home Phone

.....
Cell Phone

Insurance Info (If you do not have insurance, you must provide proof of income at the time of your appointment to qualify for the sliding scale fee.)

.....
Medical Insurance Company

.....
Policy ID / Patient #

.....
Group #

.....
Subscriber Name

.....
Subscriber Date of Birth

.....
Subscriber Relationship to Student

.....
Dental Insurance Company

.....
Policy ID / Patient #

.....
Group #

.....
Subscriber Name

.....
Subscriber Date of Birth

Thank you for filling out this Registration Form for the School-Based Health Center.

Oregon state law requires a parent or legal guardian's consent to provide medical treatment to an individual under 15 years of age and/or to provide mental health services to children under 14 years of age. Oregon law allows individuals 15 and older to seek medical treatment without.

In Partnership with Virginia Garcia Memorial Health Center