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CHEROKEE NATION®

**Office of the Chief**

**Bill John Baker**
***Principal Chief***

**S. Joe Crittenden**
***Deputy Principal Chief***

Dear Parent/Guardian

Once again this year your school has invited Cherokee Nation Three Rivers Health Center Public Health Nurses to come and give the 2015-2016 flu vaccine to your children. We will be offering the flu vaccine and flu-mist. You will be asked to sign a consent form and designate if your child will receive the vaccine or flu-mist. Please complete the form in its entirety so we can adequately document they received the vaccine. This information is helpful in case there is a recall or a reason we would need to contact you later regarding the vaccine.

**Please Note**

If your child has asthma or has a personal history of asthma they cannot receive the flu-mist and will need to receive the flu vaccine. Also if your child has received a MMR or Varicella vaccine in the last 4 weeks he/she cannot receive the flu-mist as well. Please designate on the consent form if your child has asthma or received these vaccines.

Thank you

Cherokee Nation Three Rivers Health Center
Public Health

**Three Rivers Health Center • 1001 South 41st Street East Muskogee, OK 74403• (918) 781-6500 • Fax: (918) 683-2922**

P.O. Box • Tahlequah, OK 74465-0948 • 918-453-5000 • www.cherokee.org

# Cherokee Nation Health Services
## Registration and Consent for Community Based Medical Services - MINOR

Please fill out completely

Name ____________________ Date of Birth __________ Social Security Number ____________________

Sex M F Current Mailing Address ________________________________________

Home Phone # ____________ Parent/Guardian Name ______________________________

Mother's Maiden Name ____________________ Is Child Indian? Y N Tribe ________ Degree ________

If child is not Indian, is child living in home with step parent, foster parent, adoptive parent, or guardian who is Indian? Y N

Parent/Guardian Phone # During School Hours ____________ Medicaid/SoonerCare # ________________

Medical Insurance Company ______________________________ Policy # ________________

Effective/Beginning Date of Policy: ________________________________________

Address of Insurance Company ________________________________________

Name of Person Carrying Insurance Policy ______________ Relationship to Child ________________

If your child has a chart at an Indian Hospital or Indian Clinic, please give the name of the hospital(s) or clinic(s), alternate names for your child and the chart number if available

________________________________________________________________________

________________________________________________________________________

### Consent for Non-Invasive Preventive Services

I am the parent or legal guardian of ____________________. I give my permission for my child to have non-invasive procedures such as vision screenings, dental screenings, hearing screenings and head lice checks given by Cherokee Nation Health Services.

Parent/Guardian Signature: ________________________________ Date ________________

### Consent for Immunizations/Finger stick

I am the parent or legal guardian of ____________________. I give my permission for my child to have the following immunizations and/or finger stick given by Cherokee Nation Health Services.

Hepatitis A______ Hepatitis B______ HIB______

DTaP (Diphtheria, Tetanus & Whooping Cough) ______ Varicella (Chickenpox) ______ IPV (Polio) ______

MMR (Measles, Mumps, Rubella) ______ Pneumococcal______ Tdap/Td______

Meningitis______ Rotavirus______ HPV______

Influenza__X__ FluMist ______ or FluShot______ Finger stick______ Other______

Parent/Guardian Signature: ________________________________ Date ________________

Internal Use Only Community ________________

CHEROKEE NATION HEALTH SERVICES
REGISTRATION AND CONSENT FOR COMMUNITY BASED MEDICAL SERVICES
ADULT AND EMANCIPATED MINOR
(PLEASE FILL OUT COMPLETELY)

**Name**_______________ **Date of Birth**__/__/__ **Social Security #**_______________

**Sex: M F Current Mailing Address**_______________ **State**_______ **ZipCode**_______

**Home Telephone #: ( )** _______________ **Alternate Telephone Phone** _______________

**Mother's Full Maiden Name** _______________ **Tribe**_______ **Degree**_______

**Marital Status (circle one): Single Married Divorced Widowed**

**Father's Name**_______________ **Tribe**_______ **Degree**_______

**Medicaid/Soonercare #**_______________ **Medicare #** _______________

*************************************************************************

*PRIVATE INSURANCE and POLICYHOLDER information (if Applicable):*

Policy ID#_______________ Policyholder name: _______________

Address: _______________State _____Zip_______ Policyholder Date of birth: ____/____/____

Group #_______________ Effective/Beginning Date of Policy: _______________

Name of Insurance Carrier: _______________

Insurance Address: _______________ Insurance Phone #_______________

Employer Name and Address: _______________

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## *Consent and Acknowledgement*

I understand that the information given by me/or collected is necessary for the Cherokee Nation Health Services (CN Health) to provide for my health and wellbeing. I understand CN Health will seek payment from any medical program that I might be eligible to participate in or from any liable third party and I assign to CN Health all benefits for services rendered by CN Health. I understand that CN Health may verify the information necessary to process the claim.

I have been offered a copy of the CN Health Notice of Information Practices.

I give permission for CN Health to provide the following services to me: medical exams, laboratory studies, routine exams, fillings, preventive fluorides and emergency dental care, behavioral health services including evaluation and treatment, emergency health services including evaluation and treatment, and public health services.

The information given by me is true and correct to the best of my knowledge and belief.

_______________ _______________
Signature Date

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Internal use only Community_______________ CNH-ADM-31-DC (12/2012)