

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 # _____

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_____	Finger stick_____	Other_____

Parent/Guardian Signature: _____ Date _____

Internal Use Only Community _____