

To Parent/Guardian of	,		
Valley Health Center (a division of COMTREA/Cor we offer Primary, Dental and Behavioral Health so		take this opportunity to make th	ne Northwest School District aware that
Valley Health Center located on the Northwest Va Northwest School District to make care accessible		, in the west wing of the school,	is working in conjunction with the
Valley Dental services is a full service dental center. Services include but are not limited to: preventive and restorative dental treatments such as fillings, stainless steel and resin crowns, sealants, cleaning, fluoride, dental radiography, and clinical photography if needed.			
alley Behavioral Health services provides child psychiatry (evaluations and medication follow up visits), individual and family counseling as well as ommunity support services to youth and families in the district.			
Valley Primary Care services is a full service medi Adult Physicals, Sick Appointments, Immunization			d Exams,
These services are provided to students with Meda sliding fee scale for those who qualify.	dicaid, Commercial Insuranc	ce and students who do <u>not</u> have	e dental or medical insurance. We offer
If you want your child to receive services at Valle will be escorted by Northwest RI School staff, co school nurse. This consent is for the entire 2023-	implete the enclosed application	ation/consent form and bottom	
Valley Health Center Staff (a division of COMTRE	A) will contact you prior to y	our student's scheduled appoin	tment.
If you want to accompany your child to his/her al appointment. The consent form below does not			
If you have questions, please contact your studer	nt's School Nurse or Valley H	lealth Center at 636-321-0150 th	nen press 0.
Thank you, Dawn Coke School Based Health Center Liaison	Renee I School	Kluba Based Health Center Liaison Tra	nsporter
School:	<u>_</u>		
I give permission for Northwest School District to Springs Elementary) by Transport Van in order to transport and time at Valley Health Center. By sig summer school (June of 2024).	see the Valley Health Cente	er staff. I understand my child wi	ll be supervised by district staff during
Student Name (Please Print)	Grade	Teacher	
Parent / Guardian Signature		DATE	
Please CHECK <u>ONE</u> of the following: My child is less than 40 pounds and must be My child is less than 80 pounds or 4'9" tall a			

My child is 80 pounds or 4'9" tall and must be secured by a safety belt.