



SBHC 2026-2027 Enrollment Time Is Here!

Overview of the School-Based Health Center For Parents/Guardians

Boston Mountain Rural Health Center, Inc. (BMRHC) is excited to announce that it is partnering again with your child's school district to provide the faculty and students with high-quality, accessible healthcare with the convenience of not having to leave campus! Parents and the Community are also invited to visit the health center for their care.

The BMRHC school-based health center's (SBHC) focus is to provide primary and preventive medical and behavioral health care to students and faculty who are enrolled in the SBHC. Enrolling is easier than ever and FREE!

Enrolling in the SBHC does not mean you are changing your child's PCP; however, our provider is happy to serve in that capacity. In some cases if your child has Medicaid, we may need a referral. **Enrolling for the SBHC location is required for your child to receive care at the SBHC.**

Students will still visit the nurse when your child is feeling ill, and the nurse (or SBHC Coordinator) will contact you to see if you would like your child to be seen at the SBHC. If so, you will be able to attend the visit virtually without leaving work or home.



The SBHC will be open as follows:

Monday through Thursday 7:45 am - 5:15 pm, and Friday's 7:45 am - 11:45 am

● After-hours on-call phone number is 870-448-7222

Cost:

- BMRHC accepts most insurances!
- A Sliding Fee Program is available where your child can receive a comprehensive exam for as little as \$10 for qualifying individuals.
- BMRHC can also connect you or your child with someone who can assist you with enrolling in free or low-cost health insurance.



BMRHC is a partner with your school district to offer healthcare services to students. In order for your child to be seen for the 2026-2027 school year, this form must be **completed for each child and returned to the school or SBHC.**

School District: _____ Campus: _____

Grade: _____ Anticipated Graduation Year: _____

Student's Name: First: _____ M. _____ Last: _____

Student's DOB: _____ Student Street Address: _____

City: _____ Zip Code: _____ State: _____

Yes! Previously Enrolled - My child was enrolled in the BMRHC School-Based Health Center (SBHC) last year. I approve my child (listed above) to receive health care services at the BMRHC SBHC again for the 2026–2027 school year and authorize BMRHC to share information confirming my child's enrollment and participation in the SBHC with designated school personnel as necessary for program reporting, care coordination, and school-related health services. **Note:** Any forms that have been revised by BMRHC since last signed by parent/guardian will be sent electronically to the parent/guardian for completion. Additional updates may be requested as appropriate.

Yes!. New Enrollee - My child was **NOT** previously enrolled, but I would like my child to be enrolled into the SBHC (2026-2027) to receive health care services and authorize BMRHC to share information confirming my child's enrollment and participation in the SBHC with designated school personnel as necessary for program reporting, care coordination, and school-related health services. - **Note:** A staff member from the SBHC will contact you, parent /guardian, to complete the initial enrollment process. Forms can be sent electronically for completion (*paper can be requested*).

IMPORTANT: Even if your child is a patient at a BMRHC clinic, your child has to specifically be 'ENROLLED' into the SBHC to be seen at the SBHC location without your presence (at your discretion).

YES, As the parent/guardian, I grant permission for school personnel (SBHC Coordinator, nurse, or other designated school staff) to transport or walk the above named student to the SBHC (Note: health related matters, health information cannot be released without consent). *Huntsville only- includes transport for x-ray to BMRHC main clinic if needed.*

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number (Cell): _____

(Your phone number is important so that any needed forms can be texted to you) Check Appropriate Box:

- I am signing as the parent of the student
- I am signing as the legal guardian of the student

Please select the appropriate relationship as guardian

grandmother grandfather brother sister aunt uncle Other: _____