

Announcing.....Gallatin Gateway School's Primary Care Clinic

Gallatin Gateway's primary care clinic will be opening August 31, 2007. The clinic will be staffed by nurse practitioner Barbara Prescott to provide care at Gallatin Gateway School on Fridays.

Who can use the clinic?

Gallatin Gateway students are welcome to use the clinic. Individuals can make appointments or be referred by parents/guardians or school staff.

What does the clinic provide? What is the cost for a visit?

The clinic provides at-school health care and is free of charge to each student or school staff member. Care can include but is not limited to:

- Illness
- Learning/behavior related medical problems at school or home
- Special physical exams (e.g. sports physicals as needed)
- Assistance with chronic health conditions (e.g. diabetes, asthma)

Where is the clinic?

The clinic is located at Gallatin Gateway School across from the cafeteria (the fish room).

When can one receive clinic services?

The clinic will be open Fridays during school hours. Parents wishing to discuss specific health care matters with the nurse can also leave a message and the nurse will make an appointment to visit with you.

How does one access the clinic?

Students must have parental/guardian permission to be seen in the clinic (see form attached). Appointments can be made in person or by phone (763-4415) through the office.

--PLEASE RETURN TO THE GALLATIN GATEWAYS SCHOOL--
MARK YOUR PREFERENCE AND RETURN before August 31, 2007

***No** Thank you, but my child (Student's printed name) _____
will not be seeing the Nurse Practitioner at Gallatin Gateway School

Parent/Guardian Signature _____ *Date:* _____

***Yes**, my child, (Student's printed name) _____ has
my permission to consult with the Nurse Practitioner at the Gallatin Gateway School
Primary Care Clinic.

Parent/Guardian Signature _____ *Date:* _____

Medical information the Nurse Practitioner should know about my child:

Please provide all numbers where the Nurse Practitioner can contact you about your
child's appointment. (Please Print Clearly)

Contact Name _____	_____	_____	_____
	Home Phone	Work Phone	Cell Phone

Contact Name _____	_____	_____	_____
	Home Phone	Work Phone	Cell Phone

Email _____