



MESH (Mobile Expanded School Health)
Wilkes County Health Department
306 College Street, Wilkesboro, NC
28697
(336) 957-7043

Frequently Asked Questions regarding MESH for school year 2020-2021

1. Will MESH be at the high schools to offer services for the 2020-2021 school year?

Yes! Our schedule will not change from previous years.

Monday – Wilkes Central High School
Tuesday – West Wilkes High School
Wednesday – North Wilkes High School
Thursday – East Wilkes High School
Friday – Early College (2 times a month)

2. What services will be offered?

We plan to offer acute care visits, immunizations, labs, sports physicals and mental health services.

3. If our family chooses the Remote Learning option can we still utilize MESH?

Absolutely, you will just need to call the MESH unit at 336-957-7043 to get an appointment time to be seen.

4. If I am participating in the A/B plan and it is my child's remote day can we still utilize MESH?

Yes, we would just need you to call 336-957-7043 to get an appointment time.

5. How do I ensure my child can get services at any time?

Complete and return a consent to the office of your school. Medical services and mental health each have separate consents. These can be found on www.wilkeshealth.com

6. If I have additional questions who can I call?

MESH – 336-957-7043
Lindsey Roberts - 336-651-7469

-In collaboration with Wilkes County Schools, MESH is devoted to provide services that meets the needs of students enrolled in Wilkes County Schools.

“Wilkes Health has been in constant contact with local school officials to provide guidance as they move forward into the next school year. Ensuring the safety of our students and staff is the upmost priority when the doors open in August.” said Rachel Willard, Health Director

MESH

Mobile Expanded School Health

To: Parents/Guardians of High School Students

WHAT IS MESH? MESH (Mobile Expanded School Health) is a mobile medical unit that comes to the high schools Monday-Friday. MESH makes it convenient to provide care to the students while at school, therefore, decreasing the amount of time that students are out of the classroom. Students return to class in a timely manner. MESH is staffed by a Family Nurse Practitioner and a Nurse every day. MESH also has a counselor 3 days per week. MESH coordinates with school nurses to be at the school on opposite days.

WHAT DOES MESH DO? MESH provides minor illness/injury assessment and treatment, sports physicals, and certain immunizations and laboratory tests. There are over-the-counter medications on the MESH unit for symptom relief and prescriptions can be written. The counselor is available to talk to students when necessary. **All services on MESH are free to students except sports physicals, which are \$20.00.** MESH does bill Medicaid, Health Choice and most insurances. *MESH is for all students regardless of insurance status.*

It is not the intention of MESH to take the place of your private physician. Students are encouraged to see their private physician for regularly scheduled exams.

WHEN IS MESH AT THE SCHOOLS?

- Monday 9:00am-3:00pm—Wilkes Central
- Tuesday 9:00am-3:00pm—West Wilkes
- Wednesday 9:00am-3:00pm—North Wilkes
- Thursday 9:00am-3:00pm—East Wilkes
- Friday 9:00am-1:00pm—Early College (select Fridays)

HOW CAN A STUDENT BE SEEN ON MESH?

- Parents/guardians need to complete the medical history questionnaire and the MESH consent and return it to the school office or return to the MESH unit.
- The MESH staff must have a signed consent from parents/guardian to see students on the mobile unit.
- The signed consent covers all high school years but may be revoked by notifying the school or MESH staff in writing.
- During the school year, a student can fill out a MESH request form at the office and put it in the MESH box located in the front office to be seen on the MESH Unit.

If you have questions about MESH services, you can call MESH at 336-957-7043 (Monday-Friday 8:30-5pm). If calling after 5pm for a medical or behavioral problem and the student is a health department patient, call 336-651-7450. If the student is not a health department patient, call the student's medical doctor.

MESH receives United Way funds and you may designate to MESH to assure continuance of MESH services. Thank you for letting us serve your children.



Dr. Jason Stopyra-Medical Director, Wilkes Health & MESH Services

6/4/20 SB

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CONSENT FORM FOR MESH

WILKES COUNTY HEALTH DEPARTMENT- WILKES COUNTY PUBLIC SCHOOLS

A copy of the "Notice of Privacy Practices" for Wilkes County Health Department/MESH Services is located on the Health Department website: www.wilkeshealth.com and on the MESH Unit.

I am granting permission for my child/self to enroll in the MESH Program and consent to his/her receiving health related services which can include examinations, immunizations, health screening, limited diagnostic test (eg. throat cultures, blood work, Covid-19), education, counseling, referrals, and/or administration or prescription of necessary medications.

I understand that health records are the property of the Wilkes County Health Department and that information contained in them will be confidential in accordance with state law and accepted medical practice. I hereby grant permission for the Health Department to submit claims for services rendered to the insurance company/companies indicated below. I understand that any services billed by outside agencies, (e.g. LabCorp) will be my responsibility.

I give my consent for Wilkes County Health Department to use and disclose health/medical information for the purposes of treatment, payment, and health care operations.

I understand that my health information may be discussed with the Wilkes County Public School nurse. A copy of the MESH visit may be sent to the medical provider on file with the MESH unit.

I understand that under North Carolina State Law a minor (under the age of 18) may receive treatment and/or advice about sexually transmitted disease, pregnancy, drug abuse, and mental health. NO BIRTH CONTROL WILL BE GIVEN NOR REFERRALS MADE FOR ABORTIONS (Services Allowed under G.S. 90.215 (a) only)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____
SIGNATURE OF STUDENT _____ DATE _____

STUDENT INFORMATION

Last Name _____ First _____ Middle _____
Home Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Race _____ Sex _____ Age _____
Date of Birth _____ School _____ Grade _____ SS# _____
Who is the student's doctor? _____

PARENT/GUARDIAN INFORMATION

Mother: Last Name _____ First _____ MI _____
Employer Name _____ Employer Phone _____
Father: Last Name _____ First _____ MI _____
Employer Name _____ Employer Phone _____

INSURANCE INFORMATION

Do you have insurance? YES: _____ NO: _____ Household Monthly Income _____
Insurance Company Name _____ Policy Number _____
Policy Holders Name _____ D.O.B _____
SS# _____ Sex _____ Race _____ Group Number _____

MEDICAID INFORMATION

Medicaid: Yes ___ No ___ Medicaid Name: Last _____ First _____ MI _____
ID# _____ Certification Period _____

NC Child Health Program Initial History Questionnaire (created 7/1/2012)

Patient Name:		Date of Birth:	Sex: (Circle) Male Female																																																																																																																																																																																																																								
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Is the child adopted? No Yes Birth Weight: _____ pounds _____ ounces Was baby born on time? No Yes _____ weeks Was the birth Vaginal C-Section If C-Section, Why? _____ _____ Were there any problems during the pregnancy or at birth? No Yes If yes, explain: _____ _____ During pregnancy did mom: Use tobacco? No Yes Drink alcohol? No Yes Use drugs or other medications? No Yes What: _____ Use prenatal vitamins? No Yes When: _____ Did baby have problems or need to stay in a NICU? No Yes If yes, explain: _____ The initial feeding for the baby was: Formula Breast milk How long did the baby breastfeed? _____ Did the baby go home with mom? No Yes If no, explain: _____		List names, relationships to child, and ages of all people living with the child: _____ _____ _____ Are there siblings not listed? If so, list names, ages and where they live: _____ _____ What is your child's living situation? Joint custody Single custody Foster care If one or both parents are not living in the home, how often does the child see the parent not in the home? _____ Tobacco use in family? No Yes Who?: _____																																																																																																																																																																																																																									
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