

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 8:00-4pm). 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.

Thank you for letting us serve your children.



Dr. Catherine Wallace and Dr. Alicia Firestone -Medical Director, Wilkes Health & MESH Services

3/20/2025 NW

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

For after hours assistance, please call 336-651-7450

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 this signed consent covers all high school years but may be revoked by notifying the school or MESH staff in writing.

I have given my social security number voluntarily. Wilkes Health may use it for accurate identification, filing insurance claims, billing and collections, and compliance with federal and state laws.

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? _____ Who is the student's dentist? _____

PARENT/GUARDIAN INFORMATION

Mother: Last Name _____ First _____ MI _____ DOB _____

Employer Name _____ Employer Phone: _____ Contact # _____

Father: Last Name _____ First _____ MI _____ DOB _____

Employer Name _____ Employer Phone: _____ Contact# _____

INSURANCE INFORMATION

Do you have insurance? YES: _____ NO: _____ Household Monthly Income _____

Insurance Company Name _____ Policy Number _____

Policy Holders Name _____ DOB _____

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																																																																																																																																																																																																												
Person Who Filled Out Form: _____	Date Filled Out: _____	Relationship to Patient: _____																																																																																																																																																																																																												
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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? _____ <hr/> Were there any problems during the pregnancy or at birth? No Yes If yes, explain: _____ <hr/> 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: _____ _____ _____ <hr/> Are there siblings not listed? If so, list names, ages and where they live: _____ _____ <hr/> What is your child's living situation? Joint custody Single custody Foster care <hr/> If one or both parents are not living in the home, how often does the child see the parent not in the home? _____ <hr/> Tobacco use in family? No Yes Who?: _____																																																																																																																																																																																																												
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2025-2026 School Year:

****There is no need to complete this form if you do not want behavioral health services for your child.***

Dear Parents & Caretakers,

I would like to take this opportunity to provide information regarding mental health services provided through the MESH (Mobile Expanded School Health) unit as part of the Wilkes County Health Department. There are no out of pocket costs to families. If your child has insurance, we request that information so we may bill services while all copays are covered by this program. If you desire your child to be seen for counseling in the school setting or remotely, please complete the back page (consent form) and return it to your student's school.

Should you complete this consent and your child wishes not to receive services, we will not provide services but do make every effort to present our services in a helpful and supportive nature to the students referred. The MESH unit will do a basic follow up visit that would include screenings for smoking, depression, exercise counseling, dietary counseling and surveillance.

We will be providing mental health services to address the following issues:

- Anger/aggressive behavior
- Depression
- Anxiety
- Disruptive behavior in the classroom
- Grief
- Family
- School performance
- Substance Use Disorders

Upon meeting with your child, should we feel that more intense services are needed, we may also refer services to in office care. Offices are located in Wilkesboro, Jonesville, Jefferson, or Yadkinville. Should you feel that we could meet any needs of your students, please do not hesitate to reach out with any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Jodi Province", is written over a light blue horizontal line.

Jodi Province
Licensed Clinical Mental Health Counselor
Certified Trauma Therapist

www.jodiprovincecs.com
jodi.province@gmail.com

DATE: _____ (Office Use Only: Provider): _____

NAME: _____

ADDRESS: _____
FIRST MIDDLE INITIAL LAST

DATE OF BIRTH _____ AGE _____ RACE _____ HOME/CELL PHONE: _____
CITY STATE ZIP

LEGAL GUARDIAN/RELATIONSHIP _____

SCHOOL ATTENDING _____ GRADE _____

EMERGENCY CONTACT/TELEPHONE _____

PRIMARY PHYSICIAN/TELEPHONE _____

CURRENT MEDICATIONS _____

ALLERGIES _____

NATURE OF CONCERN REQUIRING

COUNSELING _____

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 _____

Does your child have Medicaid? _____

If yes, please provide the Medicaid#: _____

I/We consent that _____ (minor's name) may be treated as a client through the MESH unit with Jodi Province Counseling Services, PLLC. Please be aware that the law may provide parents/guardians the right to examine treatment records. It is our policy to provide parents/guardians access to information about treatment. However, we also ask parents/guardians trust us and allow us to keep confidences on specific information and we will provide you with general information about treatment sessions. We ask for your cooperation to provide the timeliest treatment for your child. I am aware that my child will be giving the therapist consent to speak with the school as needed for continuity of care. I agree to the informed consent and client rights of Jodi Province Counseling Services, PLLC that is located at www.jodiprovincecs.com including the distance counseling policy.

Signature of Guardian

Date