

## HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY - MEDICAL AID STATION INFORMATION

The Youth Challenge Academy Medical Aid Station (MAS) addresses and or assists daily with medical issues, which include:

- Conducting sick call twice daily and providing medical care to youth as needed.
- Responding in an on-call basis to deal with after hours, non-emergency medical issues.
- Overnight medical facilities are available in the Medical Aid Station, if needed.
  - Emergency situations are handled with support of the MAS staff and Emergency 911, as required.
- Coordinating cadets' off campus/out-of-town medical, dental, and/or counseling appointments.
- Maintaining and distributing prescription medications for cadets as prescribed by physicians.
- Coordinating with local medical/mental health care facilities to provide expedited services for cadets and assist with documentation required for insurance processing.
- Reviewing and maintaining copies of all cadet physical examination reports and immunization records as follows:
  - **All cadets are required to have an annual physical examination or sports physical on file in the MAS.**
- No cadet is admitted to the Academy until their physical examination is current and legible copies provided to the MAS.
  - Hawaii State Law, Hawaii Administrative Rules Title 11, and Department of Health, Chapter 157 requires all students to be immunized against the following illnesses:

▪ Polio	▪ Rubella	▪ Rubella
▪ Diphtheria	(German	(measles)
▪ Tetanus	measles)	▪ Pertussis
▪ Mumps		▪ Hepatitis

*Note: Hawaii Law requires the MAS to file reports on the status of immunizations with the Hawaii Department of Health.*

*There may be medical fees, not limited to, but including Office Fees, Physician's fees, etc.*

**Health, Medical, or Accident Insurance Requirement** - I understand that medical insurance is required to participate in the Hawaii National Guard Youth Challenge (YCA) program. A copy of the **front and back** of each cadet or guardian's insurance card is required as evidence of insurance and will be kept on file in the MAS, Admissions Office and Charge of Quarters. If there is any change in medical insurance coverage for a cadet, the responsible party must notify YCA within 5 business days of the change.

YCA will not accept financial responsibility for injuries to a cadet regardless of cause. ***The cadet, parent, guardian or previously established responsible party is required to pay the physician, hospital or any other medical bills directly to the billing agency.***

There is no charge for consultation and treatment by the MAS Staff.

Parent/Guardian Initials \_\_\_\_\_ / \_\_\_\_\_ Cadet Initials \_\_\_\_\_

*NOTE: Cadets who are part of an HMO plan, or who have a previously established primary care physician will be seen by said agency for all non-emergency situations if at all possible. If a cadet is seen by a physician contracted through the MAS, clinic, or hospital there may be a charge for their services, which will be billed to the responsible party. The parent or guardian is responsible for coordinating necessary medical referral services while cadets are attending YCA*

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY  
MEDICAL AID STATION  
Medical Treatment Authorization & Release of Information**

**FULL NAME of CADET:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By my initials below, I hereby grant permission for my cadet to receive emergency medical treatment, non-emergency medical treatment, behavioral/mental health care and/or routine health care as deemed necessary by the MAS staff while enrolled as a cadet at YCA. Consent is granted for the MAS staff of YCA to act in my stead to select attending physicians, specialists, surgeons, psychiatrists, therapists, dentists, and medical facilities as necessary. I understand that I am financially responsible for services provided to my cadet and may receive a statement/bill from the above noted professionals or medical facilities. Consent is also given for all medical and mental health records to be released to the YCA medical staff upon request, along with the release of information concerning my cadet, to health care and/or mental health professionals as deemed necessary by the YCA medical staff.

This authorization will remain in effect during my Cadet's enrollment at Hawaii Youth Challenge Academy or until revoked by me in writing and that statement is received by the MAS staff.

**Parent/Guardian Signature:** \_\_\_\_\_ **Parent/Guardian Initials** \_\_\_\_\_ / \_\_\_\_\_ **Cadet Initials** \_\_\_\_\_

**Privacy Policies** – By my initials below, I understand that the cadet health record is kept on file in the MAS and contains their symptoms, examination/test results, diagnoses and treatment, a plan for future care or treatment and billing related information.

**MAS Responsibilities:**

- The MAS is required by law to maintain the privacy of a cadet's health information and to provide the patient and the parent/guardian a description of our privacy practices.
- The MAS may disclose health information about a cadet to doctors, nurses, technicians, or other medical personnel involved in taking care of the cadet. Examples would include, but are not limited to lab work, meals, x-rays, etc.
- The MAS may use and disclose health information about a cadet's treatment for physicians to bill and collect payment from insurance providers or third-party payers.

Example:

1. Giving the insurance company information about a cadet's x-rays for payment or reimbursement of charges.
2. Telling your health plan provider about treatment your cadet needs to determine whether your plan allows for coverage of such treatment; such as MRIs, physical therapy, etc. Members of the staff may use information in a cadet's health record to assess required care and outcomes in the youth's individual case. Results may also be used to evaluate service needs or treatment plans to improve the quality of care for all cadets that we serve.

**Parent/Guardian Initials** \_\_\_\_\_ / \_\_\_\_\_ **Cadet Initials** \_\_\_\_\_

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY**  
**MEDICAL AID STATION**  
**Policies & Cadet Physical Aptitude**

**Privacy Policies** – You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your cadet’s care. In some circumstances, we may deny your request to inspect and/or copy a cadet’s records in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you are denied access, you may request that the denial be reviewed. If you feel the health information about your cadet is incorrect or incomplete, you may request to have that information amended. You have a right to request an amendment for as long as the information is kept by or for the MAS.

You have a right to request a restriction or limitation on the health information we use or disclose about your cadet. We are not required to comply with your request, however, we do our best to uphold your desires unless release of the medical record information is determined to be necessary for the treatment of your cadet.

We may also use and disclose health information for the following types of entities including, but not limited to:

- Public Health or Legal Authorities charged with preventing or controlling disease, injury, etc.
- Military Command Authorities
- Health Oversight Agencies
- National Security and Intelligence Agencies
- Protective Services for the President and others

**We reserve the right to change or revise this notice as needed. The change or revision to this notice will be effective for information we already have about your cadet, as well as any information we receive in the future.**

**The most current notice will be posted in the MAS and will include the effective date.**

**Parent/Guardian Initials \_\_\_\_\_ Cadet Initials \_\_\_\_\_**

**Physical Aptitude** – To the best of my knowledge, my cadet is in good physical condition and participation in the program will not have an adverse effect on his/her health and well-being\*.

**[ ] YES**

**[ ] NO** Please specify: \_\_\_\_\_

Has your cadet been diagnosed with any mental illness to include, but not limited to, anxiety, depressions, ADD, or ADHD?\*

**[ ] NO**

**[ ] YES** Please Specify: \_\_\_\_\_

Please list all medications your cadet is currently taking on a regular basis including medications for mental illness\*:

\_\_\_\_\_  
\_\_\_\_\_

Please list anything (medications, foods, latex, etc.) to which your cadet may be allergic\*:

\_\_\_\_\_

*\* You must inform YCA of any changes in physical condition or status of general health and fitness.*

**Parent/Guardian Initials \_\_\_\_\_ / \_\_\_\_\_ Cadet Initials \_\_\_\_\_**

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY  
MEDICAL AID STATION  
Responsible Party Payment Information  
ALL INFORMATION ON THIS PAGE MUST BE COMPLETED!!!!**

**PARENT/GUARDIAN/RESPONSIBLE PARTY INFORMATION:**

**(Note: Responsible Party will be billed if insurance does not pay).**

Name of Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: (    )       -       Office #: (    )       -       Cell #: (    )       -      

Name of Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: (    )       -       Office #: (    )       -       Cell #: (    )       -      

**RESPONSIBLE PARTY IS: (Circle one) FATHER      MOTHER      GUARDIAN      OTHER**

**MEDICAL INSURANCE INFORMATION: Please complete the following information pertaining to the individual whose name appears on the insurance card AND provide a copy of the FRONT and BACK of the INSURANCE CARD.**

Adult Carrying Insurance: \_\_\_\_\_ Relationship to Cadet: \_\_\_\_\_

Adult's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Adult's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Adult's Employer: \_\_\_\_\_ Employer's Telephone #: (    )       -      

Employer's Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Telephone #: (    )       -      

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Group #: \_\_\_\_\_

\_\_\_\_\_  
**CANDIDATE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



# HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

P.O. Box 5210 Hilo, HI 96720  
Ph: (808) 430-4184 fax: (808) 933-1403



## CONSENT TO ADMINISTER MEDICATION

I affirm I am the parent and/or legal guardian of \_\_\_\_\_  
(Name of Minor)

DOB of Minor: \_\_\_\_\_

As the parent and/or legal guardian, I hereby authorize HINGYCA—Medical Department, and/or its agents to administer medication including over the counter (OTC) medication as well as medication prescribed by his/her Physician to my son/daughter.

\_\_\_\_\_  
(Name of Minor)

I hereby consent and authorize the administration of OTC medication that may be considered advisable or necessary, in the opinion of the HINHYCA—Medical Department to my son/daughter.

\_\_\_\_\_  
(Name of Minor)

I affirm that I have read and understand the **Consent to Administer Medication Form**.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_