



**Eagle Point High School School-Based Health Center (SBHC)**

**Opt-Out Form for School Year 2018-2019**

203 North Platt Street, Eagle Point, OR 97524

*Eagle Point SBHC is operated by Rogue Community Health (RCH)  
in collaboration with Eagle Point School District*

Patient/Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**I do not wish for my student to receive ANY services or be  
treated at the Eagle Point High School  
School-Based Health Center during  
the 2018-2019 school year.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian (Please print)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date