



White Mountain Middle School School-Based Health Center (SBHC)

Opt-Out Form for School Year 2018-2019

550 Wilson Way, White City, OR 97503

*White Mountain Middle School 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 White Mountain Middle 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