



Dr. David Meinschein
Superintendent

Livingston County Schools

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Dear Parent/Guardian,

The school year has gotten off to an excellent start and we very much appreciate the support of the parents and our community. We are excited to announce some additional health related services that will be available to our students beginning immediately.

Through a partnership with the West Kentucky Educational Cooperative, our district will be participating in Project HEARD, a Health Equity grant, that helps to furnish a full-time physician, Dr. Alex Wright and a Health Education Coordinator, Hannah Wright to Livingston County. Dr. Wright will be available for in-person visits as well as virtual visits for Livingston County students, which will be facilitated by the school nurses.

Each school's nurse will continue to provide current services, such as administering over the counter and prescription medications, and/or treatments for headaches or other common issues at no cost to the parents. In addition to the services provided by our school nurses, Dr. Wright will be providing physicals/sports physicals free to every student, regardless of insurance, with no additional cost to the parents. Other services/testing, not currently offered in our clinics, for chronic and acute conditions will be provided by Dr. Wright at little or no cost to the parent. Please see the enclosed information from Dr. Wright regarding the newly available services.

We are excited for our students and families to have access to high quality healthcare directly in the school setting. If you wish to participate in these services, please complete the attached Medical Treatment and Virtual Care Consent Form and return it to your child's school. If you have any questions please contact me at 270-928-2111.

Sincerely,

Amy Ramage
Director of Pupil Personnel



Wright Medical, PLLC

Dear Parents/Guardians,

I wanted to take a brief moment to introduce myself and to provide you with information about the school medicine program that we are implementing this year.

My name is Dr. Alex Wright, I am a family physician that will be providing full time medical care to the river county schools for the 2023-2024 school year in partnership with WKEC. I have been practicing in both Paducah and Murray the last 7 years and was able to spend time last year on a rotating basis serving the counties of Ballard, Livingston, Hickman, Carlisle, Fulton and Fulton City providing basic medical care including physicals and sports physicals as well as care for some chronic conditions. I went to medical school at Southern Illinois University and completed my family medicine residency through the program in Carbondale, Illinois. I live in Paducah with my wife, Hannah, and our three children, Ava Grace (7), Drew (5), and Willa (2). Being from a small town myself, I understand the importance of providing rural communities with access to regular health care and hope to be able to build a sustainable school medicine program here so that we can provide the students with healthcare that is not only highly accessible, but also affordable.

I am immediately beginning coordination with school nurses to get the schools scheduled on a rotating basis and am planning to be in each county once a week as well as being able to provide virtual care on a daily basis as needed. I will be providing both sports physicals and yearly exams, as well as care for both chronic and acute conditions (basically anything from strep throat to diabetes) as well as medication management for ADHD etc. In order to build a sustainable program, we will need your child's insurance information; most physical exams are covered with both medicaid and private insurance at zero cost to you, but if you do not have insurance, please let your school nurse know and we will work with you to make sure that your child is taken care of if needed. Please fill out the consent forms with basic medical history and insurance information and return them to school as soon as possible.

We are looking forward to a healthy school year!

Dr. Alex Wright



Wright Medical, PLLC

Patient Co-Pay Information

Parents and Guardians,

Wright Medical is now providing primary care services in your school district! The primary goal of this project is to deliver high quality healthcare at a better cost to families and to decrease the overall cost of healthcare.

- **ALL** physicals/ sports physicals are **FREE** for every student regardless of insurance with no additional cost to you
- All students with a **medical card** will have a **\$0** copay for both acute and chronic visits
- **Private/Corporate health insurance** will have a **\$10** copay for acute and chronic visits that will be billed from Wright Medical. This is typically less than standard office copays and significantly less than an urgent care or emergency room copay.

We are proud to offer virtual care daily in collaboration with your school nurse. By improving access to care, we can provide earlier treatment of issues, which not only helps keep costs down, but also leads to decreased student absences overall and less missed work time for caregivers.

Yours in Good Health,

Dr. Alex Wright
Primary Care Physician
Wright Medical, PLLC



Wright Medical, PLLC

Medical Treatment Consent Form

I, _____, parent/guardian of _____ authorize Dr. Alex Wright to provide acute medical care as needed along with preventative care such as annual exams and/or sports physicals and if desired provide care for chronic medical conditions.

Child's Information

Child's Full Name: _____

Address: _____

Date of Birth: _____ Sex: (circle one) Male or Female

Health Conditions (e.g. asthma, diabetes): _____

Allergies (medications or food): _____

Prescription Medications: _____

Preferred Pharmacy: _____

Surgical History: _____

Family Medical History: _____

Child's Medical Care Information

Physician/Pediatrician: _____ OR requesting Dr. Alex Wright _____

Phone Number: _____ Preferred Medical Facility: _____

Insurance Company: _____ Policy Holder: _____

Policy/Group Number: _____

Parent/Guardian Information

Parent's/Guardian's Name: _____

Address: _____

Phone Number (H): _____ (W): _____

Email: _____

By signing this form, I am giving permission to Dr. Alex Wright to provide medical care for my child if a parent/guardian is unable to be present. Provided routine care not requiring intervention will have a letter sent home; if required a phone call will be made.



Wright Medical, PLLC

Medical Treatment Consent Form

Signature of

Parent/Guardian: _____ Date: _____

Printed Name: _____



Wright Medical, PLLC

Virtual Care Consent Form

I, _____, parent/guardian of _____ consent for my child to receive virtual care if deemed necessary or appropriate by school nursing staff.

The parent/guardian will receive a call first to determine if virtual care is desired. In the event of an emergency I give consent for Dr. Alex Wright to provide consultation if needed and if necessary emergency treatment that can safely be provided outside of a hospital setting.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____