

5. How can school based clinics serve *students* better?

Please check all that apply

- Having racially/culturally representative staff
- Having before/after school appointments
- Offering contraceptives such as condoms
- Education around healthy gender roles
- Education around consent
- Education around reducing mental health stigma
- Having feminine hygiene products available
- Other: _____

6. How can school based clinics serve *parents/guardians* better?

Please check all that apply

- Provide information about clinic staff
- Provide interpreters for non-English speaking parents
- Having resources for parents on hard talks such as sexual education and mental health
- Other: _____

7. Will you *encourage* your student to use services available at the school based clinic?

- Yes No

Why: _____

8. Do you have any other comments/suggestions for improving school based clinic services?

Thank you for taking the time to complete this survey!

Please submit this completed survey to the school based clinic in your school.

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or email health@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-673-2157 or 612-673-2626.

Para asistencia 612-673-2700 - Rau kev pab 612-673-2800
Hadii aad Caawimaad u baahantahay 612-673-3500.

Student Info * *required*

*Last Name: _____

*First Name: _____

Preferred Name: _____ *Student ID: _____

*Birth Date: _____

*Sex at birth: Female Male Intersex

*Gender identity: Female Male Gender non-binary

*Pronouns: She/her He/Him They/them

*Street Address: _____

*City: _____ Zip: _____

*Language(s) Spoken at Home: _____

*Race(s):

- American Indian Asian Black White Biracial
- Other: _____

*Ethnicity:

- Hispanic/Latino Hmong Multi-racial Non-Hispanic/Latino
- Somali Other African Other: _____

*Student Phone: _____ Cell Other

Student Email: _____

*School: Longfellow Edison Henry
 Roosevelt South Southwest Washburn

Current Clinic: _____

Current Doctor: _____

Parent/Guardian Info

Name(s): _____

Parent Guardian Relative: _____

Phone: _____ Cell Home Work

Insurance

Services are provided at low or no cost to families whether or not a student has insurance. Insurance is billed whenever possible to help cover the costs of care. We may send a bill for mental health service co-pays if student has private insurance.

Please choose one

Don't know insurance info No insurance

I would like insurance assistance

Medical Assistance/Public Health Insurance

State of Minnesota Blue Cross UCare MHP Health Partners

*Policy Number: _____

Private Health Insurance

BlueCross/BlueShield Health Partners Medica Portico

Preferred One UCare Other: _____

*Group Number _____ Policy Number: _____

*Policy Holder Name: _____

*Policy Holder Date of Birth: _____

Policy Holder Social Security Number: _____

Signature required on back ➔



Clinic Registration & Consent

Clinic consent needs to be given once during a student's high school career. If you have already given consent, you do not need to complete this portion of the form again.

What if consent is not submitted to the clinic?

Students under the age of 18 cannot be treated for health related services without parental/guardian consent. This form must be completed and returned in order for the Minneapolis School Based Clinics Program to provide services to a student. Minnesota law, however, allows a minor to seek medical treatment under certain circumstances without parental consent. This includes emergency mental health care, pregnancy testing and counseling, contraceptive exams and prescriptions, and sexually transmitted infection diagnosis, treatment and education.

Consent

By signing this form you agree that:

- This student has your permission to receive services offered by Minneapolis School Based Clinics Program.
- Minneapolis Public Schools may give information about the student's class schedule, daily attendance, and immunizations to the Minneapolis School Based Clinics Program.
- The Minneapolis School Based Clinics Program may use student health records to evaluate quality of care and program effectiveness.
- You have read and understood the services of the Minneapolis School Based Clinics Program.
- You give permission to bill your health insurance carrier or medical assistance for medical and mental health services received. This would also apply if you do not currently have insurance and get it later.
- This permission will remain in effect until the student reaches 18 or until changed by you in writing.

Student Name Please *print*

Student Signature *if over 18 years of age*

Date

Parent/Guardian name *please print*

Parent/Guardian Signature

Date

Please submit this completed form to the school based clinic in your school.

For more information, please visit www.minneapolismn.gov/sbc or contact the program manager at 612-673-5305 or your school based clinic.

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2020-2021 Parent/Guardian Survey

Parent/Guardian: Please tell us what you think about the health clinic located in your child's high school. Your answers will help the staff improve services and better meet the needs of students and their parents/guardians. **This survey is anonymous**, so please do not add your name or your child's name.

1. Which school does your student attend?

- Longfellow Edison Henry
 Roosevelt South Southwest Washburn

2. During the 2020-2021 school year, your student will be in which grade?

- 9th 10th 11th 12th

3. What is the best way for clinic staff to provide information about the clinics to parents/guardians?

Please check all that apply

- The brochure that came with the consent form
 Information sessions for parents/guardians in the evening
 Clinic open houses for parents
 Social media (Facebook, Twitter, etc.)
 SBC Website
 High School Website
 Email
 Other: _____

4. What are the most important benefits of the school based clinic?

Please check all that apply

- Mental health and counseling services
 Pregnancy and STI prevention services and education
 On-site sport physicals
 Access to no cost or low cost services
 Having a private nonjudgmental environment for teens
 Students not having to miss too much school to get care
 Parents not having to miss work to take child to doctor
 Knowing licensed and experienced clinic staff is skilled in working with teens
 Health presentations to classrooms
 Other: _____

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✂ Please cut to separate. All surveys are anonymous.