



## 2016-2017 Parent/Guardian Survey

8. Have you *talked* to your student about services available at the school based clinic?  
 Yes  No, why: \_\_\_\_\_
9. Have you *encouraged* your student to use services available at the school based clinic?  
 Yes  No, why: \_\_\_\_\_
10. How can school based clinics serve *male* students better?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. How can school based clinics serve *female* students better?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. How can school based clinics serve *parents/guardians* better?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Does your student have health insurance?  
 Yes  No
14. If school based clinics offered a service to help you get health insurance, would you be interested?  
 Yes  No
15. 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](mailto: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.



## Clinic Registration & Consent

### Student Info \*required

- \*Last Name: \_\_\_\_\_
- \*First Name: \_\_\_\_\_
- Preferred Name: \_\_\_\_\_ \*Student ID: \_\_\_\_\_
- \*Social Security #: \_\_\_\_\_ \*Birth Date: \_\_\_\_\_
- \*Sex you were born as:  Male  Female
- \*Gender identity:  Male  Female  Gender non-conforming
- \*Street Address: \_\_\_\_\_
- \*City: \_\_\_\_\_ Zip: \_\_\_\_\_
- \*Language Spoken at Home: \_\_\_\_\_
- \*Race: *please choose one*  
 American Indian  Asian  Black  White
- \*Ethnicity:  
 Hispanic/Latino  Hmong  Multi-racial  Non-Hispanic/Latino  
 Somali  Other African  Other: \_\_\_\_\_
- \*Were you born in the USA?  Yes  No
- \*Student Phone: \_\_\_\_\_  Cell  Other
- Student Email: \_\_\_\_\_
- \*School:  Longfellow  Edison  Henry  
 Roosevelt  South  Southwest  Washburn

Current Clinic: \_\_\_\_\_

Current Doctor: \_\_\_\_\_

### Parent Info

- Name(s): \_\_\_\_\_  
 Parent  Guardian  Relative: \_\_\_\_\_
- Parent 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

### Medical Assistance/Public Health Insurance

- State of Minnesota  Blue Cross  Medica  MHP

\*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 Clinic 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 disease 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.
- Minneapolis Public Schools may give information about the student's class schedule, daily attendance, and immunizations to the Minneapolis School Based Clinic Program.
- The Minneapolis School Based Clinic 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 Clinic 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](http://www.minneapolismn.gov/sbc) or contact the program manager at 612-673-5305 or your school based clinic.



## 2016-2017 Parent/Guardian Survey

**Parent/Guardian:** Please take a moment to 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. What is your (parent) gender?

- Male    Female    Gender non-conforming

### 2. Which school does your student attend?

- Longfellow    Edison    Henry  
 Roosevelt    South    Southwest    Washburn

### 3. What is your student's gender?

- Male    Female

### 4. During the 2016-2017 school year, your student will be in which grade?

- 9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

### 5. 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  
 Email  
 Other: \_\_\_\_\_

### 6. What are the most important benefits of the school based clinic for your student?

*Please check all that apply*

- Mental health and counseling services  
 Source of accurate health information  
 Access to services at no cost or low cost  
 On-site immunizations  
 On-site sports physicals  
 Nonjudgmental environment  
 Privacy for teens  
 Diet and nutrition advice  
 Pregnancy prevention education  
 STD prevention services and education  
 Getting care without missing too much school  
 Emergency services

### 7. What are the most important benefits of the school-based clinic to you as a parent/guardian?

*Please check all that apply*

- Not having to miss work to take child to doctor  
 Knowing licensed and experienced clinic staff are skilled in talking about risky health behaviors  
 Knowing services are easily accessible to teens  
 Knowing staff are skilled at serving teens from different cultures  
 Knowing teens have a safe place to talk

cut to remain anonymous ✂

**Continued on back** ➤