



2015-2016 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. 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

Stay in class longer! Pre-register and decrease the number of forms filled out at the clinic.

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: _____
- *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: Broadway/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

- Assured Care DHS Health Partners Medica UCare

*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 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 or contact the program manager at 612-673-5305 or your school based clinic.

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
2. **Which school does your student attend?**
 Broadway/Longfellow Edison Henry
 Roosevelt South Southwest Washburn
3. **What is your student's gender?**
 Male Female
4. **During the 2015-2016 school year, your student will be in which grade?**
 9th 10th 11th 12th
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 ✂