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.

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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

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.

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2015-2016 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

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

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Continued on back