MINNEAPOLIS SCHOOL BASED CLINICS program

Clinic Registration and Consent

Minneapolis Health

Student Information

***Last name:** _____ ***First name:** _____

Preferred name: _____ ***Student ID:** _____

***Birth date:** _____ **Social Security number:** _____

***Sex at birth:** ❑ Female ❑ Male ❑ Intersex ***Gender identity:** ❑ Female ❑ Male ❑ Gender non-binary
***Pronouns:** ❑ She/her ❑ He/him ❑ They/them ❑ Other:_____

***Address:** _____ ***City:** _____ **Zip:** _____

***Language(s) spoken at home:** _____

***Race(s):** ❑ American Indian ❑ Asian ❑ Black ❑ Hispanic/Latino ❑ White ❑ Multi-racial

***Ethnicity:** ❑ Hispanic/Latino ❑ Hmong ❑ Non-Hispanic/Latino ❑ Somali ❑ Other African ❑ Other:_____

***Student phone:** _____ ❑ Cell ❑ Other ***Okay to text?** ❑ Yes ❑ No

Student email: _____

***School:** ❑ Camden ❑ Edison ❑ FAIR ❑ Longfellow ❑ Roosevelt
❑ South ❑ Southwest ❑ Washburn ❑ Wellstone ❑ Other: _____

Current Clinic: _____ **Current Doctor:** _____

Parent/Guardian Information

Name(s): _____ **Phone:** _____ ❑ Cell ❑ Home ❑ Work
❑ Parent ❑ Guardian ❑ Other_____ **Email:** _____

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 ❑ HealthPartners

*Policy Number:_____

Private Health Insurance

❑ BlueCross/BlueShield ❑ HealthPartners ❑ 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 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.
- You give permission for the School Based Clinics Program and the Minneapolis Public School Health Office to coordinate care for your student when medically necessary.

_____

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.

2026-2027 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?**
   ❑ Camden ❑ Edison ❑ FAIR ❑ Henry ❑ Longfellow ❑ Roosevelt
   ❑ South ❑ Southwest ❑ Washburn ❑ Wellstone ❑ Other: _____

2. **During the 2026-2027 school year, your student will be in which grade?**
   ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ Other:_____

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
   - ❑ School open houses for parents
   - ❑ Social media (Facebook, Instagram, etc.)
   - ❑ SBC Website
   - ❑ High School Website
   - ❑ School ListServ via. 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
   - ❑ Offering contraceptives such as condoms
   - ❑ On-site sport physicals
   - ❑ Offering school immunizations/COVID vaccines
   - ❑ Access to no cost or low cost services
   - ❑ Having feminine hygiene products available
   - ❑ 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: _____

5. **How can school based clinics serve *students* better?**
   Please check all that apply
   - ❑ Having racially/culturally representative staff
   - ❑ Having before/after school appointments
   - ❑ Education around healthy gender roles
   - ❑ Education around consent
   - ❑ Education around reducing mental health stigma
   - ❑ Other: _____

_____

Continued on back ↘

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
- ❑ Support to get health insurance
- ❑ 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.

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