



Oregon School-Based  
Health Care **Network**

*Developing Partnerships within your School Community*  
**REGISTRATION FORM**

Please email or fax your completed form to [jennifer.melo@osbhc.org](mailto:jennifer.melo@osbhc.org) or 503.813.6480  
by Feb 26<sup>th</sup>, 2010

**Yamhill County, 8:30AM-3:30PM, March 10<sup>th</sup>, 2010.**

**SCHOOL INFORMATION**

*What school does your team represent?*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

**Does your school have a certified school-based health center?**      **Yes**      **No**

**If no, is your school the location for an SBHC planning site?**      **Yes**      **No**

**TEAM ORGANIZER**

*This person will act as the main contact for the team*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## OTHER TEAM MEMBERS

*Schools with a certified SBHC or SBHC planning grant site are invited to attend with a diverse team of 3 – 5 members from throughout the school community. Possible team members include SBHC staff, principals/vice-principals, other school administrators, teachers, school counselors, school nurses, social workers or advocates, coaches, parents, or others.*

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

## SUBSTITUTE REIMBURSEMENT

If a teacher is attending as part of your team, funds are available to pay for one substitute, up to \$200.

**Do you plan to use these funds?      Yes      No**

If yes, please invoice us at the following address: Oregon School-Based Health Care Network, Attn: Jennifer Melo, PO Box 12191, Portland, OR 97212

## CURRENT PARTNERSHIP

Briefly describe the current level of partnership between your school and SBHC including any specific projects or regular collaboration between school and SBHC staff. Your answer will allow us to tailor the training to your team's needs.

**Please email [jennifer.melo@osbhc.org](mailto:jennifer.melo@osbhc.org) or fax 503.813.6498 your completed form by Feb 26<sup>th</sup>, 2010**

**Questions? Contact Jennifer Melo at [jennifer.melo@osbhc.org](mailto:jennifer.melo@osbhc.org) or 503.813.6480**

The Oregon School-Based Health Care **Network** advances access to quality health care for youth.  
PO Box 12191, Portland, OR 97212 P 503.813.6400 F 503.813.6498 [www.osbhc.org](http://www.osbhc.org)