



# Oregon School-Based Health Care Network

## Please Share Your Story!

Stories are a powerful tool to help lawmakers, the media and the public understand the need for affordable, quality health care.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail if you have one \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ (if 18 or under)

### For Youth, Parents or SBHC Providers of School-Aged Children:

Please check one: I am a Student/Youth \_\_\_ Parent \_\_\_ Provider \_\_\_

Is there a school-based health center at your school? Y/N  
(A school-based health center is a clinic at your school with a doctor or nurse practitioner).

The Oregon School-Based Health Care Network may use my story in the following formats (check all that apply):

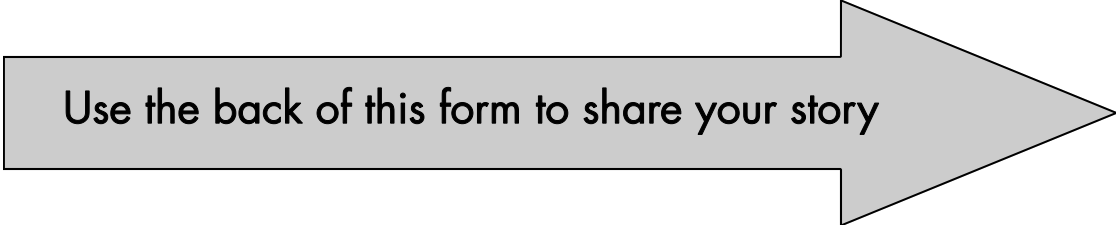
- \_\_\_ In print (newspapers, newsletters, brochures, presentations, etc)
- \_\_\_ With pictures of me
- \_\_\_ On video or audio tape, including for television
- \_\_\_ I am willing to testify or speak publicly in person

I want the story to include my:

- \_\_\_ Real name
- \_\_\_ A pretend name like "Jane" or "John" (so my story can be told, but no one knows it is me)

May we have permission to share your story in the ways you checked above?

Yes! \_\_\_\_\_ or Parent/Guardian signature \_\_\_\_\_  
(Please sign here if you are over 18) (It is okay to publicly share my child's story or my own story)



### Please return this form:

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