



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)

Are you willing to speak to others (legislators, the newspaper, etc) about your health care story? Y / N

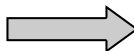
May we have permission to share your story with members of the Oregon Legislature, the public, and the media?

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)

All stories are valuable. Will you share yours? You might consider using one of these prompts to help you get started telling your story:

- I couldn't go to a doctor because....
- At my school-based health center I was....
- My experience with health care would be better if....
- If it weren't for the help I received at my health center...
- I appreciate that at my school-based health center....
- Because I didn't have health insurance...

Use the back of this form to continue your story



Please return this form:
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