



Medical Clinic Services

at the Brooklyn Center Health Resource Center

Serving Children and Youth in Brooklyn Center

Location:

Brooklyn Center High School
West Entrance
6500 Humboldt Ave. N,
Brooklyn Center, MN, 55430

Walk-In Hours:

Tuesday 1:30 – 5:00 pm
Thursday 1:30 – 5:00 pm

Phone:

(763) 561-2120 x5100

Who we serve

Children and youth, infant through high school age.

Walk-in service

There is no appointment needed and no charge for medical clinic services.

Services provided

Clinic is staffed by Park Nicollet physicians and offers:

- treatment for minor illness and medical conditions
- routine physicals
- immunizations
- camp and sports physicals
- health education

Mental health, dental and family support services are also available by referral and appointment at the Health Resource Center.

For more information regarding Center services, call (763) 561-2120 x5100.

****This clinic does not provide emergency medical care. If you have a medical emergency, serious medical condition or injury, call 911 immediately. ****

A completed written consent form by a parent or guardian is required annually for all children and youth except as provided for under Minnesota's consent law. Consent forms are available in the main office of Brooklyn Center Schools and at the Health Resource Center.



Brooklyn Center Health Resource Center MEDICAL CARE - STUDENT CONSENT FORM

If you have children, infant through high school age, who live or attend public or private school in Brooklyn Center, they are eligible to receive free medical care at the Brooklyn Center Health Resource Center, 6500 Humboldt Ave. N, Brooklyn Center, MN, 55430.

For your son or daughter to receive the medical services listed below, you must complete this consent form and return it to the school (or to the clinic if you are not a student of Brooklyn Center School District). Young people without a signed consent form (in hand or on file) cannot be treated for the listed services.

I give permission for my child to use the Health Resource Center's medical clinic services.

Child's Name: _____ **Date-of-Birth:** _____

Child's School: _____ **Grade:** _____

I allow my son or daughter to receive **ALL*** medical clinic services, including the following:

- **Routine care:** Treatment for colds, flu, infections, headaches, earaches, sore throats, sprains, cuts, burns, skin problems, abdominal pain, back pain, physical exams for sports, immunizations, screenings.
- **Counseling:** Help dealing with stress, anxiety, depression, abuse and neglect, mental health services, self-esteem development, suicide prevention.
- **Health education:** Weight management, special diet counseling, smoking prevention, safety promotion.
- **Lab services:** Routine blood and urine tests, throat cultures, diabetes tests.

*** IMPORTANT: If there are services listed above you do not want your son or daughter to receive, please cross them out. He or she will receive only those services that remain on the list.**

Please be aware that Minnesota Law does allow your son or daughter to receive treatment, without your permission or consent, for sexually transmitted infections, chemical dependency, pregnancy and conditions associated with pregnancy, including pregnancy prevention.

Allergies

My son or daughter has the following allergies: _____

Medications

My son or daughter uses the following medications: _____

Parent/Guardian Signature

Date

Daytime Phone

This consent form will be on file at the clinic and is valid for one academic year. A written consent is required annually. Consent forms are available at the Brooklyn Center Health Resource Center and all Brooklyn Center School District schools.

**Please return form to the Health Resource Center or
your Brooklyn Center School District's school health office.
Call (763) 561-2120 x5100 for hours.**