



## SBHC IMMUNIZATION CONSENT FORM

DATE: \_\_\_\_\_

PATIENT DOB: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

I understand that by signing this form I am giving my consent for the immunizations marked below to be administered at the School Based Health Clinic. Any future vaccines indicated (vaccines that require more than one dose) will be administered at the time they are due.

I have also been given an updated Vaccine Information Sheet for each vaccination and have had the opportunity to voice any questions or concerns prior to the administration of the vaccine.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

Please check all that apply:

\_\_\_\_\_  
Nurse/Vaccinator Signature

\_\_\_\_ 2018-2019 Flu Vaccine

\_\_\_\_ 1st HPV\* (Human Papillomavirus)

\_\_\_\_ 2nd HPV\*

\_\_\_\_ 3rd HPV \*

\_\_\_\_ 1st MenB (Meningitis B)

\_\_\_\_ 2nd MenB

\_\_\_\_ MCV4\*\* (Meningitis A, C, Y, & W)

\_\_\_\_ Tdap\*\*

\* If series begun before 15th birthday; only 2 doses needed.

\*\*Required for Randolph County School entry for 7th and 12th graders.

Special notes to Provider/Vaccinator you wish to convey: \_\_\_\_\_

### INSURANCE INFORMATION

#### Does your child have Medicaid?

☐ No ☐ Yes: Medicaid ID # \_\_\_\_\_

#### Does your child have CHIP?

☐ No ☐ Yes: CHP # \_\_\_\_\_

If your child does not have health insurance, would you like to be contacted by a representative of a community organization or a WV State approved low-income health insurance plan? ☐ No ☐ Yes

#### Does your child have other insurance?

☐ No ☐ Yes: Name: \_\_\_\_\_

Coverage Number: \_\_\_\_\_

Policy Holder's Last Name: \_\_\_\_\_

Policy Holder's First Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Please contact Valley Health Care School Based Health Clinics with any questions.

Ashley Mauzy PA-C / Chelsea Reed LPN (304) 614-5473

Johanna Lehmann PA-C / Sandra Vanscoy LPN (304) 642-4565

The vaccinations listed are available at the School Based Health Clinics throughout the school year. If your child needs any of the listed immunizations please sign and complete the attached consent form and return it to school with your child.

### **Why get vaccinated?**

- TDAP and MCV4 (Meningitis A, C, Y, & W) vaccines are required by Randolph County Schools for admission into 7th and 12th grades.
- The MenB (Meningitis B), HPV (Human Papillomavirus), and Flu vaccines are recommended by healthcare providers but not required for school entry.

**Tdap Vaccine:** protects against three diseases: tetanus, diphtheria, and pertussis (whooping cough). This vaccine can be safely given at the same time as the other vaccines listed.

### **Meningococcal Vaccines:**

- **MCV4 Vaccine:** protects against the four most common viruses (A, C, W, and Y) that cause meningitis (an infection of the lining of the brain and spinal cord) and infections of the blood. This vaccine can be safely given at the same time as the other vaccines listed.
- **MenB Vaccine:** protects against the meningitis B virus which isn't as common in the U.S. as other meningitis viruses but the illness can develop more quickly and have worse side effects/outcomes than other the other meningitis viruses. This is a two dose vaccine series and the second MenB vaccine is given at least one month after the first MenB vaccine. This vaccine can be given at the same time as the other vaccines listed.

**HPV (Human Papillomavirus) Vaccine:** protects against the human papillomavirus (HPV) types that are associated with many cancers, including:

- **throat cancer** in females and males
- **anal cancer** in females and males
- **cervical cancer** in females
- **vaginal and vulvar cancers** in females
- **penile cancer** in males
- **genital warts** in females and males

The HPV Vaccine requires more than one vaccine to prevent infection of HPV. The number of HPV vaccines your child gets varies depending on your child's age. The HPV vaccine is a series of two vaccines spaced six months apart in kids 9yo-14yo. After these two HPV vaccines your child will not need anymore HPV vaccines even after they turn 15yo or become an adult. If your child is over 15yo they will need three shots to complete the HPV series. The second shot will be scheduled two months after the first shot and the third shot will be scheduled six months after the first shot. After this three shot series is complete your child will not need anymore HPV vaccines even after they become an adult. This vaccine can be safely given at the same time as the other vaccines listed.



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