Highland County General Health District

1487 North High St. Suite 400, Hillsboro, OH 45133

Telephone: (937) 393-1941 • Fax: (937) 393-4694 • Email: info@highlandcountyhealth.org

Dear Parent/Guardian:

You are receiving this letter because you have a student who will be entering the 7th or 12th grade during the 2021-2022 school year. Students entering these grades must receive certain immunizations prior to the school year starting. The immunization requirements for these students are as followed:

IF YOUR CHILD WILL ENTERING THE 7TH GRADE:

Prior to entry into the 7th grade, your child must receive:

- Tdap (Tetanus, diptheria, pertussis) vaccination
  - This vaccination protects against tetanus, diphtheria and pertussis (whooping cough).
- Meningococcal vaccination
  - This vaccination protects against 4 of 5 types of meningococcal bacteria.

IF YOUR CHILD WILL BE ENTERING THE 12TH GRADE:

Prior to entry, your child must receive:

- Meningococcal vaccine
  - This vaccination protects against 4 of 5 types of meningococcal bacteria.
- Meningococcal B vaccine will also be available (optional vaccine).
  - This vaccine protects against group B meningococcal bacteria and is required for entry into most colleges.

Another vaccine that is recommended, but not required, is the HPV (human papillomavirus) vaccine known as Gardasil. Gardasil is recommended for both boys and girls ages 11-26, and is a two to three dose series depending on age of the child. This vaccine can help protect your child against the viruses that cause certain types of cancers. The Gardasil vaccine will only be available at the school-based clinic if parental consent (see page 3) is submitted to the school nurse by the deadline.

It is also recommended that your child receive a flu shot once a year.

We will be visiting area schools to offer school vaccinations before summer vacation. Please see attached sheet for details. For more information, please contact the Highland County Health Department at 937-393-1941. Thanks for letting us serve you and your family!

Thank You,
Highland County Health Department
Division of Nursing

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To help your child get vaccinated on time, the Highland County Health Department will be providing 6th graders and 11th graders the opportunity to receive the required and age-appropriate optional vaccination(s) at their school.

The Health Department will be at your child's school on:

Date: ________________________________

Time: ________________________________

- If your child has Medicaid or is enrolled in a Medicaid Managed Care Program, please provide the information requested on the *Consent for Immunizations* form for billing (located on the next page).
- If your child is covered under a commercial insurance carrier, please provide the information requested on the *Consent for Immunizations* form (located on the next page) for billing purposes.
- If your child is not covered under Medicaid or Insurance, the cost of the vaccine is $10.00 per vaccine.

1 VACCINE =$10.00 2 VACCINES=$20.00

If you would like for your child to receive any of the vaccinations during the school-based clinic, please complete and return the *Consent for Immunizations* form (located on the next page) to the school.

If your child is paying for vaccines they may bring the $10.00 per vaccine with him/her the day of the clinic.

Vaccine will not be given without the signed *Consent for Immunizations* form and the vaccines marked that you wish for your child to have.

For additional questions you may contact the Highland County Health Department at 937-393-1941. Thanks for letting us serve you and your family.

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Consent for Immunizations

I have received the Vaccine Information Statements regarding the immunizations(s) my child is about to receive. The risks and benefits of the vaccine(s) have been provided to me and I request that the vaccine(s) be given to my child. I authorize the release of this record to schools, physicians, employers, Ohio Department of Health Immunization Registry, and any other agency/provider deemed necessary.

By signing this consent, I am authorizing a public health nurse from HCHD to vaccinate my child: _________________________________ (name of child) with the following vaccines: (please initial the appropriate vaccines and sign at the bottom of this page).

_____________ TDap (Boostrix): required for 7th grade
_____________ Meningococcal ACWY (Menveo/Menactra): required for 7th and 12th grade
_____________ Meningococcal B (Bexsero): optional for 12th grade
_____________ Human Papillomavirus (Gardisil): optional for 7th grade or 12th grade

Assignment of Benefits (if applicable)

I hereby assign all medical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) to HIGHLAND COUNTY HEALTH DEPARTMENT for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance. In certain circumstances, insurance companies may send a check for services provided by Highland County Health Department directly to the patient. In such cases, the patient agrees to endorse and send such check, or agrees to reimburse Highland County Health Department monies for the equivalent amount.

Authorization to Release Information

I hereby authorize Highland County Health Department to: (1) release any information necessary to insurance carriers regarding my illness and treatment; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

Medical Authorization for Release / Disclosure of Protected Health Information / HIPAA Privacy Notice has been provided.

This is to authorize you to release any information regarding my condition and care to My Insurance Carrier(s), or other Healthcare Providers or Referring Physicians directly associated with my care. I "do" authorize Highland County Health Department Medical Director/physicians and staff to provide and/or discuss my care and medical needs with my immediate family; spouse, children, parents.

X____

Signature of Parent/Guardian or Representative **Date**

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Date: ______________________ Male/Female

Child:____

Last Name First Name Middle Initial Birth Date Age

Address:____

Street Apt# Box# City Zip Code

Phone#:_____________________ Cell Phone#______________________ Child's Doctor:_________________________

Parent/Legal Guardian Name:____

Is the child sick today? yes no
Does child have any allergies to medications, food, or any vaccine? yes no
Has the child had a serious reaction to a vaccine in the past? yes no
Has the child had a seizure or a brain problem? yes no
Has the child ever been diagnosed with Guillian-Barre Syndrome? yes no
Is the child pregnant? yes no
Please check one of the following questions:
_____ Child has no health insurance
_____ Child is an American Indian
_____ Child has Medicaid Check which one and provide numbers
_____ Care Source ID#____
_____ Molina MMIS#____
_____ Paramount ID#____
_____ United Health Care ID#____
______ Healthy Start Billing Number_______________________________________
______ Child has Insurance
Name of Insurance Company: ____
Member Name: ____________________Member ID#:___________________Group/Plan Number___________

If your child is currently a 6th grader, and has already received a Tdap, meningococcal vaccine, or HPV vaccine please list:
Date of Tdap Vaccine ________ Date of Meningococcal Vaccine ________ Date of HPV vaccine _________

If your child is currently an 11th grader, and has already received a Meningococcal or HPV vaccine, please list:
Date of Meningococcal Vaccine_________________ Date of HPV vaccine __________________

PARENT/GUARDIAN SIGNATURE IS REQUIRED ON PAGE 3 of 4

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FOR OFFICE USE ONLY

DATE	MFG. & LOT #.	SITE	RN	VIS DATE
				Tdap /Td (4/1/2020)
				Menveo/Menactra (8/15/2019)
				Meningococcal B (8/15/2019
				HPV (10/30/2019)