



Public Health
Prevent. Promote. Protect.

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 2022-2023 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 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.
 - This vaccine protects against group B meningococcal bacteria and is

required for entry into most colleges.

Another vaccine that is recommended, but not required for all children at least 11 years of age, is the HPV (human papillomavirus) vaccine known as Gardasil. This vaccine can help protect your child against the viruses that cause certain types of cancers. The Gardasil vaccine will be available at the school-based clinic, but booster doses will need to be obtained. If you decide you would like your child to have this vaccine, they will come home with a reminder of when to schedule their booster after the school-based clinic.

*Covid vaccine WILL NOT be available at these school-based clinic. If you would like your child to be vaccinated against Covid-19, please schedule at www.highlandcountyhealth.org or call 937-393-1941.

We will be visiting area schools to offer school vaccinations before summer vacation.

Only children with a signed consent will receive any vaccines. Please see attached sheet for details. For more information, please contact the Highland County Health Department at 937-393-1941. Thank you for letting us serve you and your family!

Thank You,
Highland County Health Department
Division of Nursing



Public Health
Prevent. Promote. Protect.

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

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 recommended 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, or commercial insurance, please provide the information requested on the *Consent for Immunizations* form for billing (located on the next page).
- If your child is not covered under Medicaid or Insurance, the cost of the vaccine is \$10.00 per vaccine. Please sign the consent form with the appropriate vaccines you would like for your child to receive, and send cash or check with your child the day of the vaccine clinic. Please make checks payable to the Highland County Health Department.

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.

Vaccines 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. Thank you for letting us serve you and your family



Public Health
Prevent. Promote. Protect.

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

Consent for Immunizations

I have received the Vaccine Information Statements regarding the immunization(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 (Gardasil): 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



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

Public Health
Prevent. Promote. Protect.

PATIENT INFORMATION			Today's Date:	
Patient's Last Name: MI:		First:	Date of Birth:	Age:
Street Address:	City:	Zip:	Phone: ()	
Marital Status (CIRCLE ONE) Single / Married / Divorced / Separated / Widowed	Sex (CIRCLE ONE) Male Female	Race:	Ethnicity (CIRCLE ONE) Hispanic / Non-Hispanic	
INSURANCE INFORMATION		Payment Method (CIRCLE ONE) Bill / Insurance / Self-Pay / Medicare / Medicaid (VFC)		
Insurance Name:		ID Number:		
Group Name:		Group Number:		
Insurance Subscriber:			Patient's relationship to Subscriber:	

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

If your child is currently a 6th grader, and has already received a Tdap and/or a meningococcal vaccine, please list:

Date of Tdap Vaccine _____ Date of Meningococcal Vaccine _____

If your child is currently an 11th grader, and has already received a Meningococcal vaccine, please list:

Date of Meningococcal Vaccine _____

FOR OFFICE USE ONLY

DATE	MFG. & LOT #.	SITE	RN	VIS DATE
				Tdap /Td 8/6/21
				Meningococcal ACWY 8/6/21
				Meningococcal B 8/6/21
				HPV 8/6/21