HARDY COUNTY HEALTH DEPARTMENT

REGISTRATION/**IMMUNIZATION CONSENT FORM**-School Immunization Clinic

School_____Grade_____

Last_____First_____Middle_____

Birthdate_____

Address_____

City_____State_____Zip_____

I also **authorize the Hardy County Health Department to release any information required** and/or requested by my Insurance company/Medicaid/Medicare/Chips in regards to payment.

I acknowledge that I have been offered a copy of the Notice of Privacy Practices for the Hardy County Health Department. This notice explains how my protected health information is used and/or disclosed for purposes of treatment, payment and health care options. (copy available at the Hardy County Health Department.)

The School Nurse has high-lighted the Required Vaccine(s) your child needs!

Circle **Yes** or **No** to Vaccinate	Yes or No	Yes or No	Yes or No
Vaccines	**Tdap Required**	**Meningitis Required**	**Meningitis B *Recommended***
Date Vaccine Administered			
Vaccine Manufacturer			
Vaccine Lot Number			
VIS Date			
Site of Injection	**Deltoid**	**Deltoid**	**Deltoid**
Signature of Vaccine Administrator			

I want my child to receive the **required** vaccine(s) by State Law at the School Immunization Clinic and/or the **recommended** vaccines. Please circle **Yes** or **No** at the above vaccines.

Parent or guardian signature_____

Print name_____

Home or daytime phone number(_____) _____ -_____

My child is insured by: Medicaid/HMO___, CHIPS___, Private Insurance___,

No Insurance___. We can administer the vaccines if your child does not have insurance.

YOU MUST:

- Fill out the Registration/permission form completely. **Don't forget your signature and clearly print name.**
- **If you have insurance, (including Medicaid/HMO/ or CHIPS) that will cover vaccines and administration for your child we must have a copy of the insurance card(s).**
- **Copy your insurance card** (both sides), and be sure that the Policy holder/Insured's **Birthdate** is written on the copy of the insurance card. **You may copy your card at the Hardy County Health Department M-F 8am-4pm and leave with staff,** or you can take a picture of both sides of the card (identify the child's name that is to receive the vaccine) and email to: donna.c.mongold@wv.gov
-
- **Please attach a copy of your insurance card or complete the following.**

  Insurance Company Name_____

  Insurance Company Address_____

  Insured's Name_____Date of Birth_____

  Insured's Address if different than the child_____

  _____

  ID#_____Group#_____