



512 N Green Street Valentine, NE 69201 Phone: 402-376-3770  
Kelli Garwood, MD — Cassie Schill, PA

### 2021-2022 Sports Physical Walk-In Clinic

If your child is entering 7<sup>th</sup> grade (required regardless of whether or not they're playing a sport) **OR** participating in any sport for the 2021-2022 school year, they must have a physical.

#### Sports Physical Walk-In Clinics are scheduled for:

**June 11<sup>th</sup>, 2021 8am-10am**

**June 30<sup>th</sup>, 2021 8am-10am**

**July 28<sup>th</sup>, 2021 8am-10am**

- Sports Physical Fee: \$25
- What to bring to appointment: Signed (1<sup>st</sup> & last page) History Form, immunization record, payment in full
- **If your child has an asthma/allergy action plan or you want a wellness sports physical billed to your insurance, you MUST schedule an appointment during regular business hours.**
- Review your child's immunization record. If immunizations are needed you will need to fill out the immunization information below and bring the signed consent form along with your child's immunization record at the time you receive immunizations. If you have questions, please call the clinic prior to your physical.

**1. We Have Health Insurance. I authorize my child to receive:**

- Gardasil (*series of 3 for ages 15-26, series of 2 for ages 9-14*)
- Boostrix (*Required to enter 7<sup>th</sup> grade*)
- Hepatitis A (*series of 2*)
- Meningitis

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. We do not have Health Insurance, are enrolled in Medicaid, or we have insurance but it does not cover immunizations.**

**THIS CHILD QUALIFIES FOR VACCINE FOR CHILDREN BECAUSE:**

- Is enrolled in Medicaid (NE Total Care, Wellcare, United HealthCare, Nebraska or South Dakota)
- Does not have health insurance

**I authorize my child to receive:**

- Gardasil (*series of 3 for ages 15-26, series of 2 for ages 9-14*)
- Boostrix (*Required to enter 7<sup>th</sup> grade*)
- Hepatitis A (*series of 2*)
- Meningitis

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*There will be a \$19.82 charge for administration of each vaccine the child receives if not billing insurance, payable at time received.*

*\*\*A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age and younger who receive immunizations through the Vaccine For Children program.*

**3. I DO NOT authorize my child to receive any shots at this time.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_