**VALENTINE MEDICAL CLINIC**

502 N. CHERRY – VALENTINE, NE 69201 402-376-2200

***MICHELE MULLIGAN-WITT, MD - CLAIRE CARR, PA-C - SARAH FITZPATRICK, PA-C***

Dear Valentine Middle and High School Parent,

Sports Physicals will be available at the **Valentine Medical Clinic** on:

**MIDDLE SCHOOL: AUG 5, 2020 FROM 2:00-4:00 CENTRAL TIME.**

**HIGH SCHOOL: JULY 27, 2020 FROM 2:00-4:00 CENTRAL TIME.**

 **\*\* STUDENT ASTHMA/ALLERGY ACTION PLAN** **REQUIRES APPOINTMENT\*\***

**PARENTS: HISTORY FORM MUST BE COMPLETED, SIGNED IN TWO PLACES AND SENT WITH THE STUDENT. COST OF THE PHYSICAL IS $25.00.**

***For school physicals through your insurance performed in office by appointment , please call NOW to schedule***.

Your student may need to update their required immunizations:

Tdap – after age 10 or 11.

MMR – 2 doses given on or after 12 months of age.

Varicella (Chickenpox)- 2 doses given on or after 12 months of age or verification of having chickenpox.

Gardasil-9 (HPV)- 2 doses for both males and females given at 9-15 years of age. 3 doses for older ones.

Meningococcal – 2 doses at 11-18 years of age.

Hep B – 3 doses of Pediatric or 2 doses of adolescent vaccine at 11-15 years of age.

If you child is enrolled in Medicaid or has private insurance, please attach a copy of the card.

If your child does not have health insurance, the immunizations are provided with a $13.58

administration fee per immunization.

Please check any immunizations needed and sign permission.

Tdap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MMR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VARICELLA (Chickenpox):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GARDASIL (HPV)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MENINGOCOCCAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hep B-adolescent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive the above immunizations.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_