



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

2020-2021 Sports Physicals Valentine Middle/High School

If your son/daughter is entering 7th or 9th grade, 1st time participant in sports or has no sports physical on file with the school, he/she must have a physical.

Sports Physicals are scheduled for:

July 13th, 2020 8am-10am

August 3rd, 2020 8am-10am

- Sports Physical Fee: \$25
- What to bring to appointment: Signed (2 spots) History Form, immunization record, payment in full
- If your child has an asthma/allergy action plan or you want 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.

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 (Adacel)

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 (Adacel)

Hepatitis A(*series of 2*)

Meningitis

Signature: _____ Date: _____

**There will be a \$19.82 charge for administration of each vaccine the child receives, 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: _____