



*Sedgwick County...
working for you*

SEDGWICK COUNTY HEALTH DEPARTMENT

Dear Parent/Guardian:

The Sedgwick County Health Department will host a vaccination clinic at your child’s school on _____ for **children who need vaccine(s) for the 2015-2016 school year.**

By signing the attached consent form, you give permission for your child to be vaccinated at school and acknowledge receipt of the notice of privacy practices. You also give permission for the school nurse to share vaccination records with the Sedgwick County Health Department. Forms received for children who do not need vaccinations will be destroyed.

VACCINATION(S) REQUIRED FOR SCHOOL ENTRY and those recommended for your child.

- DTAP (Diphtheria/Tetanus/Pertussis) – 5 doses
- Polio – 4 doses
- MMR (Measles/Mumps/Rubella)– 2 doses
- Hepatitis B – 3 doses
- Varicella (Chickenpox) – 2 doses
- Pneumococcal – 4 doses for children younger than 5 years
- HIB (Haemophilus/Influenzae/Type B)– 3 doses for children younger than 5 years
- Hepatitis A – 2 doses for children younger than 5 years
- Tdap (Tetanus/Diphtheria/Pertussis) – 1 dose for grades 7-12
- **Flu – recommended annually during the flu season**
- **Meningitis – recommended one dose at 11 years old with booster at 16 years old**
- **HPV (Human Papillomavirus) – recommended 3 doses for students 11 years old or older**
- **Hepatitis A – 2 doses recommended for all ages**

PLEASE FOLLOW THESE STEPS:

1. Complete the enclosed Vaccine Documentation Consent Form.
 - The Patient Information and Immunization Screening Questionnaire sections must be completed.
 - The form must be signed and returned to your child’s school.
2. **Required and recommended vaccinations will be administered according to the Centers for Disease Control and Prevention’s vaccine schedule.** Please identify any vaccines you **do not** wish your child to receive by marking a line through that vaccine on the consent form.
3. Vaccine information will be provided to your child the day of the clinic. We encourage you to contact the health department at 316-660-7430 prior to the clinic with any vaccine questions.
4. **Insured clients:** Send a copy of your child’s most current insurance card (**front and back**) to school with the child on the day of the clinic or when you return the consent form.
 - If your insurance is denied, you will be billed for services.
 - **Check with your insurance company** to determine if vaccines given by the Sedgwick County Health Department are covered.
5. **Uninsured Clients:** There will be no charge for your vaccinations at this clinic.
6. Be sure your child is at school on _____, the day of the clinic.



HEALTHY COMMUNITIES

HEALTHY PEOPLE

