Office Use Only
CA/CK

School Immunization Clinic Information
6th Grade Chickenpox

Dear Parent or Guardian:

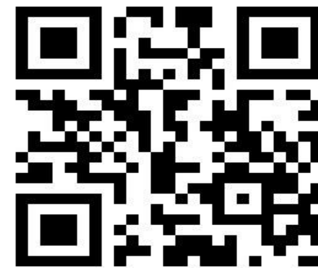
Your elementary school and Weber Morgan Health Department are pleased to announce they are partnering to provide a vaccine clinic at your child's school. Influenza and vaccines required for 7th grade will be offered. Two doses of Chickenpox (Varicella) vaccine are required for all students entering 7th grade. According to your child's immunization record at the school, your child needs a 2nd Chickenpox vaccine. School nurses and health department nursing staff will be offering these vaccinations to all 6th grade students at your child's elementary school.

- **For Clinic dates and times,** see the attached calendar. You can also go to your school website, or www.webermorganhealth.org.
- **Please read the vaccine information statements at** www.webermorganhealth.org or call 801-399-7250 for a paper copy. They will answer questions you may have regarding this vaccine.
- **Please fill out both sides of this form.** You can also go to your school web site, or www.webermorganhealth.org and print the forms.
- **Please send the completed form back to the school on the day of the clinic**.

Weber Morgan Health Department can bill the following insurance companies if your child is covered by them:

- Aetna
- Altius
- Blue Cross Blue Shield (Except Focal Point)
- CHIP
- Deseret Mutual
- Educators Mutual (EMI)
- GEHA
- Medicaid
- PEHP
- Select Health
- TRICARE
- UMR
- United Health Care
- University of Utah

You can scan this QR Code to access the information online.



Please choose one of the following payment categories:

☐ **My child has Medicaid or CHIP**. *(All information must be completed in order for us to bill)*
HMO/ACO Name: ____________________ Policy/Member ID #: ________________________________
*****Please attach a copy of Medicaid/CHIP card.***

☐ **My child has one of the insurances listed above**.
(All information must be completed in order for us to bill your insurance)
Insurance Name: ____________________________ Policy/Member ID #: ___________________________
Policy Holder Name: ______________________________Policy Holder Date of Birth: ______ ____ _____
*****Please attach a copy of insurance card.***

☐ **My child has no insurance**. Please attach $20.*

☐ **My child has insurance, but it does not cover vaccinations**. Please attach $20.*

☐ **My child has insurance that pays for immunizations but it is not listed on this form**.
Please attach $136.*
☐ Check here if you would like us to send you an itemized receipt to submit to your insurance.

Cash or check is acceptable. Please make check payable to "WMHD".
**If payment is indicated, it needs to be sent with the consent form on the day of the clinic.*

Payment information must be filled out on the front of this form.

WEBER MORGAN HEALTH DEPARTMENT
Encounter – Permission Form 6th grade (Chickenpox Only)

Please fill out the following information for the person receiving the vaccine.

Legal Name: ________________________________ Date of Birth: __________ Age: ______

Address: ________________________________ City: ___________ ZIP Code: __________

Telephone #: ____________________________ Cell Phone #: ________________________

Race: _________ Ethnicity:_______ Sex: ______ School Child is Enrolled in: _________________

Mother's Maiden Name: ________________________________

I have read, or had explained to me, the information contained in the Vaccine Information Statement for the person receiving the vaccine(s). I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or the person for whom I am authorized to make this request. I agree that this information may be shared with schools, daycare centers, healthcare providers and others when medically necessary. I understand that it is my responsibility to know what my insurance plan covers and agree to pay the portion not covered by my insurance. I understand that if Weber Morgan Health Department does not have a contract with my insurance company, or my insurance company denies payment, I am responsible for all charges incurred. I am hereby notified that the Weber Morgan Health Department's Notice of Privacy Practices and Vaccine Information Statements are located on their web site at www.webermorganhealth.org and I have had a chance to ask questions about how my public health information will be used.

Has the person receiving the vaccine:

1. been ill in the last week with anything more severe than a cold? ☐ No ☐ Yes
2. been on an antiviral medication in the last 48 hours? ☐ No ☐ Yes
3. had a serious reaction to a previous vaccination? ☐ No ☐ Yes
4. had any vaccines in the last month? ☐ No ☐ Yes
5. had a serious allergy to any foods or medications? ☐ No ☐ Yes
   If yes, please list: ______________________________
6. been on chemo/radiation therapy, anticancer drugs or steroid medications in the past 3 months? ☐ No ☐ Yes
7. had immune (gamma) globulin or blood transfusions in the last year? ☐ No ☐ Yes
8. have cancer, leukemia, AIDS, or any other immune system problem?
   If yes, please list: ________________________________ ☐ No ☐ Yes
9. I would like my child to have the Chickenpox (Varicella) vaccine today. ☐ No ☐ Yes

Parent/Guardian Signature: ____

*** Space below for Office Use Only***

The Stock Used is: VFC ☐ Weber ☐ Date: ______________

Vaccine Given: Site:

☐ Varivax ________________ 0.5 cc ☐ L ☐ R SQ Arm Nurse's Initials: ________

Notes: ____