HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Maryland Partnership for Prevention

Dear Parent/Guardian:

Many colleges, universities, and employers require vaccinations. To make things easier for your family, we are teaming with the Howard County Health Department and Maryland Partnership for Prevention to hold an immunization clinic at your child's school in April.

Your 11th or 12th Grader Might Need...		
Vaccine Name	**Why is it Needed?**	**When is it Needed?**
Meningococcal Meningitis (MCV4) Booster	Meningitis is very contagious and can be deadly. Prevents four types of meningitis.	First dose at 11 or 12 years old. Second dose recommended five years after the first dose.
Meningococcal Meningitis Type B (MenB) Vaccine	It is responsible for most college outbreaks of meningitis.	First vaccination at about 16 years old. The second one is needed at least six months later.
Human Papilloma Virus (HPV) Vaccine	Prevents nine types of cancer. One of only two vaccines that can prevent cancer.	For males and females 9 to 26 years old. Depending on age, two or three vaccinations needed at least six months apart.
Tdap Vaccine	Prevents tetanus, diphtheria, and pertussis.	Now, if you didn't get one after 11 years old.
When you fill out the consent form, initial beside all vaccines you would like your child to receive. We will check school records and the Maryland immunization registry, ImmuNet, see which ones are needed.		

These vaccinations will be given at **no cost to you. You will NOT be charged a deductible or copay. You do NOT have to be present** for your child to be vaccinated.

If you want your child to be vaccinated, by April 19

Fill out this form **ON YOUR PHONE** or other device:
www.vaccineconsent.com

OR

1. Completely fill out and return the Consent Form **on the back of this letter**.
2. If you have insurance, fill out the **complete** insurance information from your card. Your insurance company will be billed. You will NOT be charged.
3. Read the Vaccine Information Statement(s) at www.immunize.org/vis/ and talk to your doctor or the school nurse about any questions you have.

Help prepare your high-schooler for the next phase of life by making sure he/she has all the vaccines that are recommended at this age.

Howard County Public School System and Maryland Partnership for Prevention, Inc.

Maryland Partnership for Prevention

School Nurse

Howard County Consent for

2023 Recommended Vaccinations for 11th and 12th Graders

Fill out this section

Please Print Clearly in Ink

Student's LAST NAME	Student's FIRST NAME	MI	Student's Date of Birth / /	Age	Sex F M	Grade
Parent/Guardian LAST NAME	FIRST NAME	MI	Student ID#			
Address			Cell/Home Phone	Email Address		
City	ZIP Code		School Name			

Fill out this section

HEALTH INSURANCE INFORMATION – PLEASE FILL OUT COMPLETELY AND ACCURATELY

Please copy this information from YOUR INSURANCE CARD. We will bill your insurance. You will NOT be charged a co-pay or a deductible.

Type of Insurance: ☐ Private Insurance or Medical Assistance ☐ My child does not have health insurance (Your child will not be turned away because of no insurance)

Insurance Company Name	Member ID Number (write in boxes below)
	Group Number (write in boxes below)

FOR PRIVATE INSURANCE ONLY.

Policy Holder's/Insured Adult's Name | Relationship to Student | Insured Adult's Birthdate | Any Other # from Insurance Card

Answer these

1. Do any of the following apply to your child? *(If you answer YES to any question, your child might not be vaccinated.)*

Yes	No		Yes	No	
☐	☐	Has had a serious reaction to a vaccine in the past?	☐	☐	Has had Guillain-Barre syndrome?
☐	☐	Has an allergy to a component in a vaccine?	☐	☐	Has a serious allergy to anything? List_____
☐	☐	Has brain or nervous system problems?	☐	☐	For females: Is pregnant?

Initial here

PLEASE INITIAL BESIDE THE VACCINE(S) you would like your child to receive. We will check to be sure it is needed.

Parent's Initials	Vaccine Name	VIS Date
	Tdap	8/6/21
	Meningococcal ACWY (MCV4)	8/6/21
	Meningitis B (MenB)	8/6/21
	Human Papilloma Virus (HPV)	8/6/21

FOR OFFICE USE ONLY

PARENTS: DO NOT WRITE IN THIS SPACE

Manufacturer	Site	Route	Lot Number
		IM	
		IM	
		IM	
		IM	

CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOUR CHILD TO BE VACCINATED

By signing this form, I give permission for my child to be vaccinated with the vaccines listed above, my insurance company to be billed, and vaccine(s) entered into ImmuNet, Maryland's immunization registry. Further, I agree that the information above is correct, and:

(1) I have read the current Vaccine Information Statement for each vaccine(s) or someone has read it to me;

(2) I understand the risks and benefits of getting the vaccine(s) I have consented for my child to receive; and

(3) Any questions I had about the vaccine(s) have been answered.

Signature of Parent/Legal Guardian_____ **Date:** ___/___/___

OFFICE USE ONLY – PARENTS: DO NOT WRITE IN THIS SPACE

Date VIS Given/Vaccine Administered	PRINT Name of Vaccine Administrator	Notes