

Vaccine Consent Form

Please initial beside the vaccine(s) you consent for your child to receive:

Tdap _____ MCV _____

School Name: _____

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:		LAST NAME of Student:	
Gender: Male Female	Birthdate: (mo,day,yr)	Age	Homeroom Teacher / Grade
Address		Mother's Maiden Name (For Registry)	
City		Home Phone # () -	Cell Phone # () -
Zip Code		State	
Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hawaiian / Pacific Islander Other			
Ethnicity: Non-Hispanic or Hispanic			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential. Please fill out the following questions pertaining to your child's Health Insurance:

Parent / Guardian Information

First Name	Last Name	Relationship to Patient

REQUIRED INSURANCE INFORMATION (MUST CHECK AN APPROPRIATE BOX)

MEDICAID & MANAGED CARE ORGANIZATIONS

BUCKEYE	CARE SOURCE	MOLINA	PARAMOUNT ADVANTAGE	UHC COMMUNITY PLAN	STRAIGHT MEDICAID	OTHER: (PLEASE SPECIFY NAME)

MEMBER ID#

CASE #

MMIS# (PATIENT'S MEDICAID #)
NOTE: THIS IS THE ONLY # REQUIRED FOR BUCKEYE PATIENTS

CURRENTLY HAVE NO INSURANCE
*NOTE: IT IS FRAUDULENT TO CLAIM UNINSURED IF YOU HAVE INSURANCE

PRIVATE INSURANCE COMPANIES

AETNA	BCBS	CIGNA	CORE SOURCE	HUMANA	MEDICAL MUTUAL	TRI-CARE	UHC	OTHER: (PLEASE SPECIFY NAME)


CARDHOLDER'S FIRST NAME

CARDHOLDER'S LAST NAME

CARDHOLDER'S DATE OF BIRTH

IDENTIFICATION# / MEMBER ID# / ENROLLEE ID # <small>(INCLUDE ALPHA PREFIX, IF SHOWN ON CARD)</small>	PAYER ID# <small>(IF NOTED ON CARD)</small>

VACCINATION & HEALTH-RELATED QUESTIONS

1	Has your child ever had a life threatening reaction(s) after a previous dose of any diphtheria, tetanus or pertussis containing vaccine?		YES	NO
2	Has your child ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine?		YES	NO
3	Has your child ever had a condition called Guillain Barré Syndrome (GBS)?		YES	NO
4	Does your child have a blood disorder such as hemophilia?		YES	NO
5	Has your child ever had seizures or another nervous system problem?		YES	NO

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, Health Heroes of Ohio, Inc., HNH Immunizations, Inc., MaxVax LLC., & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. I acknowledge that I am giving permission for Health Heroes, Inc. to adjudicate and appeal claims with my insurance providers on my behalf. Clinic dates can be obtained from the school. I understand that the health-related information on this form will be used for insurance billing purposes and your privacy will be protected. I request and voluntarily consent for the vaccine to be given and recorded in the state registry for the person listed above.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Health Heroes of Ohio, Inc
326 Prairie St. North
Union Springs, AL 36089
AL@healthherousa.com
205-609-0268



IS CDC 08/06/2021
LOT Number:
RN # _____ Date: _____
AREA FOR OFFICIAL ADMINISTRATION USE ONLY

TDAP VACCINE 0.5ML
EXP Date:

VIS CDC 08/06/2021
LOT Number:
RN# _____ DATE: _____
AREA FOR OFFICIAL ADMINISTRATION USE ONLY

MENINGOCOCCAL ACYW 0.5ML
EXP. Date:

Meningococcal ACWY Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vi

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vi

1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”) or ravulizumab (also called “Ultomiris”)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of meningococcal ACWY vaccine, or has any severe, life-threatening allergies

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.

Vaccine Information Statement

Meningococcal ACWY Vaccine

42 U.S.C. § 300aa-26

8/6/2021

OFFICE USE ONLY



Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vi

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vi

1. Why get vaccinated?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- TETANUS (T) causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- DIPHTHERIA (D) can lead to difficulty breathing, heart failure, paralysis, or death.
- PERTUSSIS (aP), also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant people should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, adults should receive a booster dose of either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis) every 10 years, or after 5 years in the case of a severe or dirty wound or burn.

Tdap may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis, or has any severe, life-threatening allergies
- Has had a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)
- Has seizures or another nervous system problem
- Has ever had Guillain-Barré Syndrome (also called “GBS”)
- Has had severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria

In some cases, your health care provider may decide to postpone Tdap vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccine Information Statement

Tdap (Tetanus, Diphtheria, Pertussis) Vaccine

42 U.S.C. § 300aa-26

8/6/2021

OFFICE USE ONLY

