

TO: Parents/Guardians

Harrison County Health Department is offering meningococcal vaccinations (MenACWY) to high school juniors. **State regulations require** students enrolling in 12<sup>th</sup> grade to have this vaccine. **Most colleges require** their students to have the MenACWY vaccine also. Students will only be receiving the required MenACWY at this school clinic.

1. Please read the attached Vaccine Information Sheet
  - a. Please check the student's immunization record. If they have had the vaccine already please provide a copy to the school.
  - b. If they have already had one dose **between ages 16-18**, another is not needed.
  - c. If they have had one dose **prior** to age 16, they still need a booster dose to meet the requirement.
2. If you consent to the vaccine/vaccines fill out the form attached- Complete sections 1 & 2 with a signature required in section 3. All information required.
3. Return before 3/29/19. Immunizations will be given during school on 4/12/2019.
4. Provide any information you feel we need to know on the lines below.

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# Parent Consent for Harrison Co. Health Department Vaccination Clinic

Partner ID:  Partner Name:   
 Clinic ID:  School Name:   
 Patient ID:  Consent ID:

VaxCare has partnered with your healthcare provider to provide immunizations.  
 All bills for privately insured patients will come from VaxCare and its physicians.

## ① School and Student Information

STUDENT FIRST NAME  MI  STUDENT LAST NAME  AGE  GRADE  GENDER:  M  F  
 DATE OF BIRTH (MM-DD-YYYY)  SCHOOL NAME  HOME ROOM TEACHER   
 ETHNICITY:  Amer. Indian / Alsk. Native  Asian  Black / Afr. Amer.  Hawaiian / Pac. Islnd.  Hispanic  White  Other \_\_\_\_\_  
 STREET ADDRESS  APT/SUITE  CITY  STATE  ZIP   
 PARENT/GUARDIAN FIRST NAME  PARENT/GUARDIAN LAST NAME  PARENT/GUARDIAN PHONE

## ② Insurance Information (Please fill out completely!)

INSURANCE PAY  AARP Secure Horiz  BCBS Kansas City  Great West-CIGNA  Mail Handlers  Tricare/UHC Military West  
 Aetna  Care Improv Plus  First Health  Medicare B  UMR  
 Please fill in the circle to the left of your primary insurance name.  All Savers  CIGNA  HealthLink  Medicare Railroad  UMWA  
 Anthem/BCBS  Coventry  Home State/Centene (age 19+)  Multiplan  United Healthcare  
 BCBS Federal  Golden Rule  Humana  Three Rivers

PRIMARY INSURANCE NAME  MEMBER / INSURED ID#  GROUP ID

RELATIONSHIP TO THE SUBSCRIBER/INSURED:  Self  Spouse  Dependent  
 SUBSCRIBER/INSURED FIRST NAME  SUBSCRIBER/INSURED LAST NAME  SUBSCRIBER/INSURED DOB (MM-DD-YYYY)  GENDER:  M  F

By signing below, I consent to the use and disclosure of my child's personal health information for the purpose of health care operations, along with the assignment of all payments from the insurer listed above to VaxCare for the services rendered. I understand I will be responsible for payment for the vaccines provided if my insurance company does not pay.

MEDICAID STATE ID #   NO INSURANCE I have no insurance or Medicaid coverage for my child

By signing below, I request that payment of Medicaid benefits be made on my behalf to \_\_\_\_\_ for any services provided to my child. I give \_\_\_\_\_ permission to exchange my child's medical or other confidential information as necessary to the Centers for Medicare and Medicaid Services (CMS), its agents, or other agents needed to determine benefits related to services provided. I agree to participate in treatment plans and to assignment of Medicaid benefits to \_\_\_\_\_ for services rendered.

## ③ Authorization and Consent

**Consent for Use of Protected Health Information & Claims Assignment:** I hereby consent to and acknowledge the receipt of a Notice of Privacy Practices regarding the use and disclosure of my personal health information for the purpose of health care operations, along with the assignment of all payment from the insurer listed above to VaxCare associated with the services contemplated herein. Vaccine Authorization: My signature on this form indicates that I have requested that the vaccine indicated below be administered to me by a VaxStation or VaxCare representative. I relieve VaxCare, the VaxCare partner, the administering Nurse and personnel of any liability for any reactions that should occur. I unconditionally and irrevocably waive any right to a trial by jury, to the maximum extent allowed by law, for any claim or action arising out of or related to this service, and that any such claim or action shall be determined solely on an individual basis through arbitration in accordance with Commercial Arbitration Rules of the American Arbitration Association. Neither I nor VaxCare shall be entitled to join or consolidate claims in arbitration by or against other individuals or entities, or arbitrate any claims as a representative member of a class or in a private attorney general capacity. In the case of occupational exposure, VaxCare has patient's permission for blood testing for patient and employee safety alike. I have read or have had explained to me the information from the Vaccine Information Statement(s) and understand the risks (including adverse reactions) and benefits of the vaccine(s). I understand I will be responsible for payment for the below vaccine(s), these services are not free, and that nonpayment by the insurance company or patient will result in collections for the amount due. Additionally, I understand that if I am a self-pay or no-pay patient receiving services that all funds should be paid at the time of service and not remit to VaxCare. If consenting for another: I have the legal authority, based on my relationship to the individual indicated above, to consent to this vaccine(s) administration.

SIGNATURE of PARENT or LEGAL GUARDIAN  DATE

### FOR OFFICE USE ONLY - BLACK INK ONLY

#### Vaccination Details (Lot number must be recorded. Please adhere label or print clearly.)

VFC  VAXCARE   
 Prefilled Syringe 0.5 mL (36 mths & older) SITE:  LD  RD  LL  RL Other \_\_\_\_\_  
 DELIVERY:  IM  ID Other \_\_\_\_\_  
 ADMINISTRATOR SIGNATURE  DATE (MM-DD-YYYY)  ADMINISTRATOR ID   
 Nurse/Administrator: I hereby attest by my signature that the patient (or guardian of patient) in question has been provided access to and explained the Vaccine Information Sheets and appropriate Immunization Schedules, and has given verbal and written consent for vaccination(s).



# Meningococcal ACWY Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

**Meningococcal disease** is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but 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*
- People at risk because of an outbreak in their community

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, amputations, nervous system problems, or severe scars from skin grafts.

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

## 2 Meningococcal ACWY Vaccine

Meningococcal conjugate vaccine (**MenACWY**) is licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY 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 “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- 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 dormitories
- U.S. military recruits

Some people need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.



### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine **if you have any severe, life-threatening allergies**. If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid MenACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if she is at increased risk of meningococcal disease.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

### 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days.

A small percentage of people who receive the vaccine experience muscle or joint pains.

#### Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy or lightheaded, or have vision changes.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

### 5 What if there is a serious reaction?

#### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness—usually within a few minutes to a few hours after the vaccination.

#### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- 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](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Meningococcal ACWY  
Vaccines**



Office use only

08/24/2018 | 42 U.S.C. § 300aa-26