VaxCare				
	Partner ID: 116554	Partner Name:	Hoolth Danartment	(Tdap and Meningoceccal)
axCare has parmered with your healthcare provid	Clinic ID: 1658087	School Name:	Health Department	Consent ID: 4146862
axCare has partnered with your healthcare promounted immunizations. Ill bills for privately insured patients will come from		Nowlin		
AXCARE and its prysicians.	******************	I A CANILL		***************************************
(1) School and Student In	formation			The state of the s
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PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN	LAST NAME	PARENT/G	JUARDIAN PHONE:
2) Insurance Information	ነ (Please fill out completely!)			O To an Allic Million Mark
INSURANCE PAY	ARP Secure Horiz CIGNA	First Health	~	○ Tricare/UHC Military West ○ UMR
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	•	R/INSURED ID#		GROUP ID
PRIMARY INSURANCE NAME				
<u> </u>		<u> </u>	<del>1                                    </del>	
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				, , , , , , , , , , , , , , , , , , ,
Purstanian indicate Leaguent to the use and disclosi	ourse of may child's personal health information for the outpe	se of health care operations, along with the ass	ignment of all payments from the Insurer list	ed 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.	STATE MEDICAID PLAN		
MEDIGAID				NO Thave no insurance or Medicaid INSUR. coverage for my child
STATE DY			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120.35.00 A.
other confidential information as necessary to luc	G CAUTELZ LOL WEGICOLE SURI WEGICORD DEL ALCEZ (CAUSY) US WAR	/ Health Department for any services provided ents, or other agents needed to determine ben	to my costo. I give independence city nearly ifits related to services provided. I agree to pa	Department permission to exchange my child's medical or rticipate in treatment plans and to assignment of Medicald
benefits to Independence City Health Departmen	nt for services rendèred.		_	
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Consent for Use of Protected Health Information	n & Claims Assignment: I hereby consent to and acknowl	edge the receipt of a Notice of Privacy Practic	es regarding the use and disclosure of my p uthorization: My signature on this form indic	ersonal health information for the purpose of health care ates that I have requested that the vaccine indicated below
Consent for Use of Protected Health Information operations, along with the assignment of all payn be administered to me by a VaxStation or YaxCare	n <u>&amp; Claims Assignment;</u> I hereby consent to and acknowl rment from the insurer listed above to VaxCare associated w re representative, I relieve VaxCare, the VaxCare partner, th	e administering Nurse and personnel of any li	ability for any reactions that should occur. I u	nconditionally and inevocably waive any right to a trial by was arbitration in accordance with Commercial Arbitration
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For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	YES	NO
1. Is the child sick today?		
2. Does the child have allergies to medications, food, a vaccine component, or latex?		
3. Has the child had a serious reaction to a vaccine in the past?		
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?		(433)))))
5. Has the person to be vaccinated ever had Guillian-Barre syndrome or any other neurological diseases?		
6. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?		
7. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?		
8. Has the child received Tdap vaccine in the past?  If so, when?:		
9. Has the child received a Meningococcal vaccine in the past?  If so, when?:		
10. Vaccine preference:  Tdap (tetanus, diphtheria, and pertussis)  Meningococcal (Meningitis)  Both		.""

