

# BACK TO SCHOOL

## Mobile children's vaccination clinic

TSD APPROVED  
for distribution  
not affiliated with TSD



Morning: Afternoon:

August 27, 2024 August 27, 2024

9AM-12PM

1PM-3PM

Talawanda High School  
5301 University Park Blvd  
Oxford, Ohio 45056

Talawanda Middle School  
4030 Oxford Rely Rd  
Oxford, OH 45056

The Vaccines for Children (VFC) Program provides vaccines at NO COST to eligible children



### A child is eligible if:

- \*Child will enter kindergarten through 12th grade.
- \*Child has one of the following insurances: Medicaid/Other government insurance.

**WE CANNOT ACCEPT PRIVATE INSURANCE!**

\*No insurance (you will be asked to pay a SMALL administration fee) - Cash only, no credit cards accepted!

### Vaccines Offered:

- \*Varicella
- \*DTaP
- \*MMR
- \*Hepatitis A & B
- \*Meningococcal
- \*Polio
- \*Rotavirus
- \*HPV
- \*Pneumonia

**Call Butler County General Health District to**

**register at**

**513-887-5253.**



**Public Health**  
Prevent. Promote. Protect.

**Butler County  
General Health District**

301 S Third Street Hamilton, Ohio 45011  
513-887-5253

**Children Vaccine Consent Form**

\*Client/Child's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex M F  
Last First M.I.

\*Parent/Guardian Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

\*Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Insurance Company/ID number: \_\_\_\_\_

**\* Parent/Guardian complete all questions, initial last statements, and sign and date bottom\***

**By signing this form, you are giving Butler County Health District permission to administer any of the vaccines listed below.  
When you sign the release for treatment you also acknowledge that you have been notified of Notice of Privacy Practice.**

DTAP, DT	Hepatitis A	HPV
IPV	MMR	Combination Vaccines:
Prevnar 20	Varicella	Pentacel (Dtap-HIB-IPV)
HIB	Tdap, TD	Pediarix (Dtap-HepB-IPV)
Hepatitis B	Meningococcal	Quadracel (Dtap-IPV)
Rota Virus	COVID	Proquad (MMR-Varicella)

**IS THE INDIVIDUAL THAT IS GOING TO RECEIVE VACCINE:**

- Ill with anything more serious than a cold?..... No/Yes
- Had allergic reaction to a vaccine in the past?..... No/Yes
- Has the child had a health problem with lung, heart, kidney or metabolic disease, asthma, or blood disorder? Is he/she on long-term aspirin therapy?..... No/Yes
- Received a transfusion of blood, plasma, or a medicine called immune globulin in the past year?..... No/Yes
- In the past, has the child, ever had an allergic reaction to any vaccines?.....No/Yes
- Have cancer, leukemia, AIDS, or any other immune system problem?..... No/Yes
- Has the child taken medications that weaken their immune system, such as cortisone, prednisone, steroids, anticancer drugs, or x-ray treatment in the past 3 months?..... No/Yes
- Pregnant or at risk of becoming pregnant within the next three (3) months?..... No/Yes
- Received any vaccinations in the past four (4) weeks?..... No/Yes

\_\_\_\_\_ I GRANT permission for this information to be sent to my child's insurance company.

\_\_\_\_\_ I UNDERSTAND THE BENEFITS AND RISKS OF THE Vaccine(s) and give my consent that the vaccine(s) indicated on this form be given to my child without my presence, whom I am authorized to make this request.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

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# DE VUELTA A LA ESCUELA

**Clínica móvil de vacunación infantil.**

**Mañana:**

**27 de agosto de 2024**

**9 a.m.-12 p.m.**

Escuela secundaria de Talawanda  
5301 University Park Blvd. Oxford,  
Ohio 45056

**Tarde:**

**27 de agosto de 2024**

**13:00-15:00**

Escuela secundaria Talawanda  
4030 Oxford Reilly Rd Oxford, OH  
45056

**El Programa de Vacunas para Niños (VFC) proporciona vacunas SIN COSTO a los niños elegibles**

## **Un niño es elegible si:**

\*El niño ingresará desde jardín de infantes hasta el grado 12.

\*El niño tiene uno de los siguientes seguros: Medicaid/Otro seguro gubernamental.

**¡NO PODEMOS ACEPTAR SEGUROS PRIVADOS!**

\*Sin seguro (se le pedirá que pague una PEQUEÑA tarifa administrativa) -  
¡Solo efectivo, no se aceptan tarjetas de crédito!

**Llame al Distrito de Salud General del Condado de**

**Butler para registrarse al**

**513-887-5253.**

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## **Vaccines Offered:**

\*Varicella

\*DTap

\*MMR

\*Hepatitis A & B

\*Meningococcal

\*Polio

\*Rotovirus

\*HPV

\*Pneumonia

\*Tdap

\*H1R

