IMMUNIZATION PERMISSION FORM
Eleventh Grade School Site MCV Immunization Initiative

Please complete both sides of this form and return to your child's school no later than March 22, 2024.

VACCINATION AUTHORIZATION

☐ Yes, I give permission for my child to receive the **MENINGOCOCCAL CONJUGATE VACCINE (MCV)** as indicated at school. I have read the attached *Vaccine Information Sheet* for MCV and have had my questions answered.

INFORMATION ABOUT YOUR CHILD

<table>
<tr><td colspan="3">Child's Legal Name:</td><td colspan="3">Date of Birth:</td></tr>
<tr><td>Age:</td><td>Sex:</td><td colspan="2">Race:</td><td colspan="2">Ethnicity: ☐ Hispanic
☐ Non-Hispanic</td></tr>
<tr><td colspan="2">School:</td><td>Grade:</td><td colspan="3">Teacher:</td></tr>
<tr><td colspan="6">Home Address:</td></tr>
<tr><td colspan="3">City:</td><td>State:</td><td colspan="2">ZIP:</td></tr>
<tr><td colspan="6">Phone Number:</td></tr>
<tr><td colspan="3">Mother's Name:</td><td colspan="3">Father's Name:</td></tr>
<tr><td colspan="3">Guardian (if under 18):
Relationship to child:</td><td colspan="3">Emergency Contact Name:
Emergency Contact Phone:</td></tr>
</table>

☐ This child has allergies to: _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

A copy of Transylvania Public Health's privacy notice should be attached to this form. By signing below, you acknowledge that Transylvania County has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred electronically. If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Initial all that are true:

____ I have received Transylvania County's Privacy Notice.

____ I have been given a chance to discuss my concerns and questions about the privacy of my health information.

AUTHORIZING SIGNATURE

_____ _____

Patient Signature (Parent/Guardian Signature if patient under 18) Date

(please complete both sides)

VACCINE COST AND BILLING INFORMATION

The MCV vaccine costs $147. Children who have no insurance, Medicaid, or Health Choice receive this vaccine at no cost. Many private insurance carriers cover vaccines at 100%.

If your child has insurance coverage through Blue Cross Blue Shield or Cigna, we can file a claim on your behalf for this vaccination. **Your signature authorizes Transylvania Public Health to release information necessary for the processing of any claim for payment. You will receive an invoice for the amount not covered by insurance.**

If you have a different private insurance carrier, we will accept payment via check made payable to Transylvania Public Health or by contacting us at 828-884-3135 and asking to arrange for pre-payment of the school MCV vaccine. Payment must be received before the vaccine(s) can be given to your child. We will provide a receipt for you to claim reimbursement from your insurance carrier. *Please note other insurance carriers consider Transylvania Public Health to be an out-of-network provider.*

☐ This child is American Indian or Alaskan Native *(This information is required for insurance billing and federal funding purposes. It will not prevent your child from receiving vaccines through this program and will not be shared with anyone.)*

This child has the following insurance coverage: *(This information is very important for billing purposes.)*

☐ Not insured / no medical coverage

☐ Medicaid Recipient I.D. _____
Company: ☐ Healthy Blue ☐ United Healthcare ☐ Amerihealth Caritas ☐ regular Medicaid

☐ NC Health Choice Policy # _____

☐ Blue Cross Blue Shield Subscriber Name _____ Subscriber DOB _____
Subscriber ID _____ Member # ____ (01, 02, etc.)

☐ Cigna Subscriber Name _____ Subscriber DOB _____
Subscriber ID _____

☐ Other insurance Please pay via check or call 828-884-3135 to arrange for payment by card.
Make check payable to Transylvania Public Health for $147.

For office use only:

Transylvania County staff should complete if ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE is not signed:

Does patient have a copy of the Privacy Notice? ☐ Yes ☐ No

Please explain why the patient was unable to sign an ACKNOWLEDGEMENT form and Transylvania County's efforts in trying to obtain the patient's signature:

CONSENT FORM SHOULD BE PRESENT WITH THE CHILD AT THE TIME OF VACCINATION FOR VERIFICATION OF PARENTAL CONSENT AND ACCURATE DOCUMENTATION.

Does this child currently have a fever with a temperature above 100 F? ☐ Yes ☐ No

Date Vaccine Given	Type of Vaccine	Site/Route	Mfr./ Lot #	Date VIS Printed	Date VIS Given	Nurse Signature
	MCV	L R Deltoid/IM		8/6/21	3/14/24	

Checked NCIR: ☐ Yes ☐ No