

## 7<sup>th</sup> Grade Immunization Consent Form

Shenandoah Community Health can provide your child with the required immunizations for school along with the recommended immunizations by the Center for Disease Control (CDC) during weekly school-based health hours. These immunizations can be given, at no cost to you, through the Vaccines for Children's Program (VFC) or billed through your insurance which normally covers preventive services, i.e. immunizations, at 100%. <u>A School-Based Health Enrollment</u> <u>Packet must be completed for your child to receive immunizations</u>.

*The West Virginia Immunization Requirements for 7<sup>th</sup> Graders are:* 

\_\_\_\_ MCV4 (meningococcal/meningitis)

\_\_\_\_\_ Tdap (tetanus, diphtheria, acellular pertussis)

Please initial that you give Shenandoah Community Health permission to administer the vaccine(s) indicated above to the student named below.

Child/Student's Name:	DOB:
Parent or Legal Guardian Signature:	Date:



Shenandoah Valley Medical System, Inc. does business as Shenandoah Community Health (SCH). This health center receives Health and Human Services funding and has Federal Public Health Service deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals. SCH is an equal opportunity provider, serving all patients regardless of ability to pay.