



April 12, 2021

Dear Parents,

Baldwin County Schools, in cooperation with HNH Immunizations (Health Hero), will once again offer a Spring Vaccine Clinic to our students. The clinic will be held April 22 and April 23, 2021. There is no charge to parents for this service. If your child has Medicaid, All Kids, or private insurance, HNH will bill the insurance company for the vaccine. If your child is uninsured, the vaccine will be given free of charge.

As mandated, PEEHIP dependents are not eligible to participate in this program. We apologize for this inconvenience. PEEHIP recipients are eligible for services offered by the ADPH wellness program.

1. The clinic will offer the following vaccinations:
  - **Tdap - Tetanus, diphtheria, pertussis:** Ages 11-12 (also age 10 entering 6<sup>th</sup> grade)
  - **MCV - Meningococcal:** Ages 11-12 with a booster dose recommended at age 16
  - **HPV - Human Papillomavirus Vaccine:** HPV is a cancer prevention vaccine. The vaccine is highly recommended by Alabama Department of Public Health, the Center for Disease Control and America Academy of Pediatrics. The vaccine is most effective at 11— it gives the highest level of protection at that age; studies recommend children up to age 14 be given two shots 6-months apart. HPV vaccine can be given to females up to age 26 and males up to 21.
  
2. This is an "OPT-IN" Program. Parents are required to consent for each vaccine.
  - Consent forms will be sent directly to the parent from your child's school.
  - Please sign and return to the school.

No child will be vaccinated without the written permission from the parent.

Sincerely,

*Linda W. Jones, RN*

Health Services Supervisor

# Health



# Hero

**School System**  
**Lead Nurse Linda Jones**

**Baldwin County (day 2)**

**Friday 04/23/21**  
[ljones@bcbe.org](mailto:ljones@bcbe.org)

PLEASE INCLUDE A COPY OF THE IMPRINT FORECASTER WITH EACH STUDENT THAT SIGNS UP

Health Hero Team 1 \_\_\_\_\_

Morning	Belforest Elem 11364 Co Rd 64, Daphne (251)607-5624
Mid Morning	Daphne High 9300 Champions Way Daphne (251) 626-8787
Mid Day	Daphne Middle 1 Jody Davis Cir Daphne (251) 626-2845
Afternoon	Daphne East Elem 26651 County Rd. 13 Daphne (251) 626-1663

Health Hero Team 2 \_\_\_\_\_

Morning	Spanish Fort Elem 30900 State Hwy 225 Spanish Fort (251) 626-9751
Mid Morning	Rockwell Elem 10183 US Highway 31 Spanish Fort (251) 626-5528
Mid Day	Spanish Fort High 1 Plaza de Toros Dr. Spanish Fort (251) 625-3259
Early Afternoon	Spanish Ft Middle 33899 Jimmy Faulkner Dr. Spanish Ft (251) 626-7201
Afternoon	Stapleton Elem 35480 Harriot Ave. Stapleton (251) 937-2038
Mid Afternoon	Delta Elem 10251 Whitehouse Fork Rd Ext. Bay Minette (251)

937-3657

Health Hero Team 3 \_\_\_\_\_

Morning	Pine Grove Elem 43980 Pine Grove Rd. Bay Minette (251) 937-0453
Mid Morning	Bay Minette Elem 400 E 9th Street Bay Minette (251) 937-7651
Mid Day	Bay Minette Middle 1311 W 13 <sup>th</sup> St. Bay Minette (251) 580-2960
Afternoon	Baldwin Co High 1 Tiger Dr. Bay Minette (251) 937-2341
Mid Afternoon	Perdido Elem. 23589 County Rd. 47 Perdido (251) 937-8456

Health Hero Team 4 \_\_\_\_\_ Joe/Janese \_\_\_\_\_

Morning	Elberta Elem. 25820 US Hwy 98 Elberta (251) 986-5888 (moved for testing)
Mid Morning	Fairhope West Elem 408 N Section St. Fairhope (251) 928-8400 (moved for testing)
Mid Day	Daphne Elem 2307 Main St. Daphne (251) 626-2424
Afternoon	W J Carroll Intermediate 1000 Main St. Daphne (251) 626-0277

Our teams arrive at the 1<sup>st</sup> school by 9:00 to set up for clinics. Please bring students a grade at a time to the designated location in order to maintain the 90 minutes per school schedule. It is important to the schools following your clinic that we stay on schedule. Please call Rachel at (205) 609-0268 with any questions or concerns.



WORKS!

**Vaccine Consent Form: School \_\_\_\_\_**

Please select the vaccine(s) you consent for your child to receive:

Tdap  MCV  MCV-B  HPV  (Cancer preventative)

PLEASE COMPLETE ALL OF THE INFORMATION BELOW **Please print using ink** (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:									
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Birthdate: (month, day, year)					Age					Homeroom Teacher / Grade							
Address										Phone # ( )									
City					Zip Code					State					Student Race: (Circle one) African American / Black White Alaskan / Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :				
Email address:																			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> My child does NOT have health insurance <input type="checkbox"/>										Insurance Company:									
Policy Holder's First Name:										Policy Holder's Last Name:									
Member ID: or SSN										Policy Holder's Date of Birth: (month/day/year)									

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) with any vaccines?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child have any allergies to latex?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child ever had a condition called Guillain Barré Syndrome (GBS)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has your child ever had seizures or another nervous system problem?
<input type="checkbox"/>	<input type="checkbox"/>	5. If applicable, is the student pregnant or nursing?



IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, HNH Immunizations, Inc. & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes. I give permission to HNH Immunizations Inc to discuss or appeal any claims with my insurance carrier on my behalf.

Printed Name of Parent/Guardian	Relationship	Signature of Parent/Guardian	Date

Parent or Guardian of: \_\_\_\_\_

Vaccine consent form must be returned by: \_\_\_\_\_



Dear Parent / Guardian,

Students entering the 6<sup>th</sup> grade will require an additional dose of TDAP (tetanus-diphtheria toxoid & acellular pertussis) vaccine. Students must have this vaccine in order to enter 6<sup>th</sup> grade. This law became effective 2010 and may be found in Rules of the State Board of Health, Chapter 420-6-1.03(a).

If you would like to participate in our School Located Vaccination Clinic – **complete in full and sign** the consent form on the back of this form. Be sure to check the vaccines desired on the top of the form, if not checked- we will provide all the ACIP recommended vaccines that your child is currently due for. There is no out of pocket charge to parents for this service. If your child has Medicaid, AllKids, or private insurance, HNH will bill the insurance company for the vaccine. If your child is uninsured, the vaccine will be given free of charge.

If your child is covered by PEEHIP – we cannot provide vaccinations for your child. We apologize for this inconvenience- please contact PEEHIP at 1-877-517-0020.

Please see [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov) for current Vaccine Information Statement or more information regarding each of the vaccines recommended by CDC Advisory Committee on Immunization Practices (ACIP).

The following ACIP recommended vaccinations are available at the upcoming school located clinic:

**Checked below are vaccines that your child should receive:**

*(School Nurse- please use **ImmPrint forecast** to indicate non compliant vaccinations. A copy of the forecast must accompany the student consent form at the time of vaccination)*

- Tdap- Tetanus, diphtheria, pertussis : Boostrix® Ages 10 and older
- HPV- Human Papillomavirus: Gardasil® Ages 9-26 with a second dose after 6 months
- MCV- Meningococcal ACWY: Menveo® Ages 2 and up (with a booster dose recommended at age 16)
- MCVB – Meningococcal B: Bexsero® Ages 16-25 with a second dose after 30 days

Please return the consent form – completed – with the desired vaccines checked – only if you wish for your child to be vaccinated during the school clinic- if not, please discard this form and make an appointment with your child's healthcare provider, local health department or pharmacy.

Feel free to contact us at 205-609-0268 with any questions or concerns,



HNH Immunizations Inc.

[WWW.HEALTHHEROUSA.COM](http://WWW.HEALTHHEROUSA.COM)

**HEALTH  
HERO** *You Keep Them Smart  
We Keep Them Healthy*