



Kenton Hardin Health Department
 175 W. Franklin St., Suite 120
 Kenton, OH 43326
 Call 419.673.6230



Public Health
 Prevent. Promote. Protect.

July 7, 2020

Dear Parents,

It's that time again to start thinking about the upcoming school year for your students entering kindergarten, the 7th grade, and the 12th grade .

Guidelines from the American Academy of Pediatrics and the Ohio Department of Health are as follows: **Kindergarten** requires: **DTAP, POLIO, MMR, and VARICELLA**
7th Grade requires: **TDAP and MENINGITIS**
12th Grade requires: **MENINGITIS**

The Kenton-Hardin Health Department will be providing these vaccinations to your child at the drive thru clinic in the school parking lot on August 11, 2020.

Please complete the following forms and return to your child's school. If you do have insurance, please fill out the insurance portion. Please keep in mind that it is your responsibility to verify if your insurance policy covers vaccines prior to the clinic day. If you do not have insurance, there is an administration fee of \$20.00. We do accept cash or checks made out to: **Kenton Hardin Health Department.**

PLEASE CIRCLE BELOW WHICH VACCINES YOU WOULD LIKE YOUR CHILD TO RECEIVE:

KINDERGARTEN


7TH GRADE

12TH GRADE

Please sign this form to give parental consent for your child to be vaccinated.

Sign _____ date _____

Thanks,


 Jennifer Newland
 Billing Specialist, Clerk

Encounter Form

Patient: _____ **DOS:** _____

First Middle Last MM/DD/YY

Address: _____

Phone: (____) _____ home or cell Patient DOB: _____

Primary Ins: _____ ID# _____ Group# _____

Insurance Name

Insured Name: _____ Insured DOB: _____

Name shown on card (Subscriber) MM/DD/YY

Secondary Ins: _____ ID# _____ Group# _____

Insurance Name

Insured Name: _____ Insured DOB: _____

ADULTS		CHILDREN under 18			
		90734	Meningitis Z23	90696	Kinrix (Dtap-Polio)
		90715	Tdap Z23	90710	Proquad (MMRV)
				90707	MMR
				90716	Varicella
			Administration Code		
		90460	Vaccine		
		90461	Each additional vaccine		

Private Vac. _____ VFC Vac. _____ Free Vaccine _____

Patient Pay _____ Send Ins _____ Vaxcare Bill _____

Billed Amount _____ Paid Amount _____ Date Billed _____ Date Paid _____