Dubois County Health Department
1187 S. Saint Charles St.
Jasper, IN 47546

Public Health
Prevent. Promote. Protect.

Phone: 812-481-7050
Fax: 812-481-7069
dchealth@duboiscountyin.org

Jan. 1, 2017

Dear Parent of 11th Grade Student,

The State of Indiana Immunization law requires all students entering the 12th grade must receive a Menactra (Meningitis) vaccination. For your convenience, a clinic will be held at school to meet this state requirement. Information on a specific clinic date will follow.

Please send in a front and back copy of your child's most current 2017 insurance card and your signature on the copy. Please fill out your current demographic information as well.

Please note if your insurance information is changing or you are to receive new cards for 2017, you will need to update this information so that the correct billing information is applied. Failure to update insurance information could result in denial of benefits and patient responsibility.

Thank you as always for your cooperation in keeping Dubois County one of the healthiest in the state of Indiana.

Sincerely,

Donna C. Oeding
Administrator
Dubois County Health Dept.

The Dubois County Health Department is committed to prevention efforts that promote and protect our communities health by serving with dedication, respect, and responsibility.

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Please fill out your child's current demographic information below.

First Name:_____ Last Name:_____

Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip code:_____

Home or Primary Phone (_____)_____

Insurance:_____

Member ID#:_____ Group:_____

Please attach a front and back copy of your most current insurance card.

FORMS MUST BE RETURNED TO SCHOOL BY: January 17, 2017 Thank you.

Authorization and Consent:

Consent for Use of Protected Health Information & Claims Assignment: I hereby consent to the use and disclosure of my personal information for the purpose of health care operation along with the assignment of all payment from the insurer listed above to VaxCare associated with the services. Vaccine Authorization: My signature on this form indicates that I have requested the vaccine indicated be administered to me by a representative of the Dubois County Health Department. I also relieve the administering healthcare professional and personnel of any liability for any reactions that should occur.

Signature of Patient

or Legal Guardian:_____ Date:_____

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