

NODAWAY COUNTY HEALTH DEPARTMENT

2416 South Main Maryville, MO 64468
660 562-2755 or 877 NODAWAY

February 24, 2021

Dear Parent(s):

MCV4 (meningococcal) vaccine is **required** for all incoming twelfth (12th) grade students. Two doses of MCV4 are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required.

Your child's school immunization record indicates he/she needs Meningococcal vaccine. Nodaway County Health Department will be at Maryville High School on **Wednesday, March 17th at 9:00 am** to offer a MCV4 vaccination to your child.

Nodaway County Health Department is **only able to bill the following insurance companies:** Aetna, AMBETTER, Blue Cross/Blue Shield, Cigna, CORE Source/Freedom Network, Coventry, Home State Health, Medicaid, Missouri Care, UMR, United, and United Community Plan. **Parents are responsible for finding out if child's insurance covers MCV4. Parents will be billed for charges not covered by insurance.** Those that are underinsured (insurance does not provide vaccine coverage or has a cap for vaccines) and those with no insurance will need to bring \$20 (cash or check, payable to Nodaway County Health Department) or will be billed \$20.

If you are interested in your child receiving MCV4 vaccine, please 1) complete the health insurance status, 2) sign the **consent below**, 3) complete the **reverse side**, and 4) return in a sealed envelope to the Maryville High School nurse along with a **front and back copy of child's insurance card** or \$20 fee (those that are uninsured or underinsured) by **Friday, March 12, 2021**.

Enclosed you will find a Vaccine Information Statement for MCV4 vaccine. We encourage parents to review this information.

If you have any additional questions about this vaccination program, please call the Nodaway County Health Department at (660) 562-2755.

Eligibility for MCV4 vaccine

Check insurance status for your child:

- ☐ is on Medicaid
(also includes Home State Health, Missouri Care & United Community Plan)
- ☐ has no health insurance
- ☐ is underinsured
- ☐ has one of the following insurances
(AMBETTER, Aetna, BCBS, Cigna, CORE Source/Freedom Network, Coventry, UMR, or United)

This form must be signed by a parent or guardian to verify eligibility and/or signify consent to receive the indicated vaccine(s). The vaccine will not be given without consent at date of vaccination.

I have been given a copy of the Vaccine Information Statement and have read, or had explained to me, the information for the MCV4 vaccine and I understand the benefits and risks of the vaccines for which I have signed.

Child's Full Name (please print): _____

Signature of parent or guardian

Date

PLEASE COMPLETE REVERSE SIDE ALSO

Please complete the following information for your child:

CHILD'S FULL NAME			
DATE OF BIRTH		GENDER (circle one) MALE FEMALE	
RACE (circle all that apply) WHITE BLACK ASIAN AMERICAN INDIAN PACIFIC ISLANDER		ETHNICITY (circle one) HISPANIC NON-HISPANIC	
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
PARENT'S NAME			
CHILD'S PRIMARY CARE PHYSICIAN*			

*CHILD'S PRIMARY CARE PHYSICIAN WILL BE INFORMED OF VACCINES RECEIVED.

Please answer the following screening questions for your child:

History of anaphylactic reactions?	Yes	No	
Any serious reactions to vaccines?	Yes	No	
Brain or other nervous system problem?	Yes	No	
Pregnant?	Yes	No	N/A
History of fainting after immunizations?	Yes	No	

Your medical provider is required to maintain a signature log for each Provider-Administered Vaccine dispensed to a Medicare/Insurance Beneficiary "Enrollee", which acknowledges your receipts of the Provider-Administered Vaccine. By my signature below, I acknowledge that I have received the vaccine as indicated and I authorize my provider to bill and collect from my insurance for the vaccine and related administration fees. **I understand that this authorization does not release me from any financial responsibility (co-payments and/or deductibles) required under my plan.**

Signature: _____ Date: _____