



# NURSING NEWSFLASH

## Spring Immunization Clinics 2026

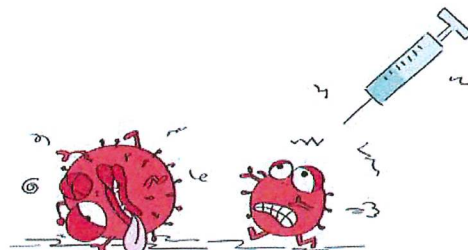
Dear Parents/Guardians,

It is that time of year again! For your convenience, the Jefferson County Health Department has again partnered with Madison Consolidated Schools to host Spring Immunization Clinics in our schools. Letters and consent forms are in the process of being sent home with students who have overdue immunizations. Please return them ASAP. These consent forms are for both Required and Recommended Immunizations.

Indiana state law mandates certain immunizations for school attendance. Indiana law permits medical exemptions (signed by a doctor) and religious objections (signed by a parent/guardian). If your child is medically or religiously exempt, an exemption form must be completed annually. For your convenience, consent forms, exemption forms, and a QR code with vaccine information are attached.

Immunization Clinic Dates:	Consent forms due:	School nurse email
Lydia April 24th	April 8th	<a href="mailto:gowens@madison.k12.in.us">gowens@madison.k12.in.us</a>
Anderson April 20th	April 8th	<a href="mailto:rcroxtton@madison.k12.in.us">rcroxtton@madison.k12.in.us</a>
Rykers Ridge April 17th	April 8th	<a href="mailto:teigel@madison.k12.in.us">teigel@madison.k12.in.us</a>
Junior High May 4th	April 20th	<a href="mailto:hbird@madison.k12.in.us">hbird@madison.k12.in.us</a>
High School May 8th	April 24	<a href="mailto:kdurham@madison.k12.in.us">kdurham@madison.k12.in.us</a>

Sincerely,





SPRING VACCINATION CONSENT SCHOOL \_\_\_\_\_

INCOMPLETE, ILLEGIBLE FORMS WILL NOT BE ACCEPTED AND VACCINE WILL NOT BE GIVEN

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_ - \_\_\_\_ - \_\_\_\_ AGE \_\_\_\_ HISPANIC/LATINO Y OR N

Parent/Guardian Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

1. ELIGIBLE FOR FREE VACCINE BECAUSE (check one): Medicaid MUST give RID# \_\_\_\_\_

- \*Attach cash or check payable to "JCHD" to cover administration fee OR [ ] check this box if unable to pay fee(s)
Call 812-273-1942 to inquire about cost
\*American Indian/Alaskan Native
\*No Health Insurance
\*Insurance Does Not Cover Vaccines

2. INSURED Circle one. Aetna Anthem Cigna Custom Design Benefits SIHO Humana UMR United Healthcare TriCare Select

Policyholder's Name \_\_\_\_\_ ID # (NOT GROUP #) \_\_\_\_\_

3. PAY CASH OR CHECK payable to "JCHD". Call 812-273-1942 to inquire about the cost of vaccines.

HEALTH SCREENING: Answer all questions about the child receiving the vaccine.

- Yes No Has child had a life-threatening allergic reaction to any vaccine in the past? Explain
Yes No Does the child have any serious, chronic health conditions? If yes, please explain.
Yes No Is student pregnant or could become pregnant during the next month? If yes, should not receive MMR, HPV, or Varicella
Yes No Has student received vaccinations in the past four (4) weeks?
Yes No Has student received a transfusion of blood or blood products or been given immune globulin or an antiviral drug in the past year?
Yes No If nursing students are present, I consent to allow them to administer vaccine(s) to my child.
Yes No I authorize JCHD to give any delinquent/upcoming, age-appropriate, school-required vaccine(s) AND optional vaccines as indicated below
Yes No I would like my child (age 9 or older) to receive the HPV vaccine. (Disregard if not age-appropriate)
Yes No I would like my child (age 16 or older) to receive the Men B Vaccine. (Disregard if not age-appropriate)

I acknowledge receipt of the "Notice of Health Information Privacy Practices". (Paper copy available at JCHD)
If applicable, I authorize JCHD to bill my health insurance and request payment of authorized insurance benefits be made directly to JCHD.
I understand if insurance does not cover services, I will be responsible for payment of these services.
VIS statement(s) for vaccines to be administered available upon request.

SIGNATURE (Parent/Guardian if patient under 18 yrs) X \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Children & Hoosier Immunization Registry Program

Countermeasures Injury Compensation Program

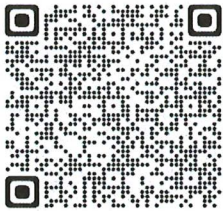


Table with 5 columns: Vaccine, Lot#/Exp. Date, Site, Route, VIS Date. Rows include Dtap/Tdap, Hep B, IPV, MMR, Varicella, MCV4, Hep A, HPV9, MenB.

Vaccinator \_\_\_\_\_ Date \_\_\_\_\_

# School-Aged Children Vaccines



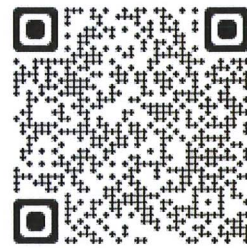
Hep B



Rotavirus



DTaP



HiB



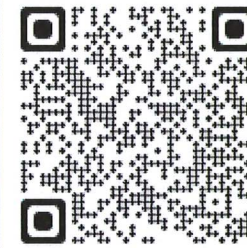
PCV



Polio (IPV)



Hep A



MMR



Varicella



MMRV



HPV



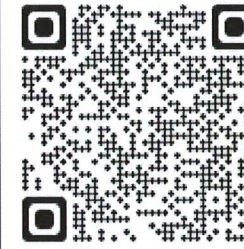
Meningococcal



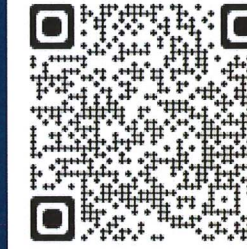
MenB



Tdap



Flu (Inactive)



Flu (Nasal/Live)



## Immunization Religious Exemption Letter

School Year \_\_\_\_\_

Student Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student Grade \_\_\_\_\_

School Attending \_\_\_\_\_

*In the event of an outbreak of a vaccine-preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks. Please refer to the [Communicable Disease Reference Guide for Schools](http://www.in.gov/isdh/23291.htm): <http://www.in.gov/isdh/23291.htm>*

**Parent's statement:**

I would like to request that my child be excused from the state immunization requirement based on the following reasons:

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in accordance with Indiana Code 20-34-3-2.

**Parent Name (Print):** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Indiana Code 20-34-3-2  
Immunization Exception for Religious Objection

“Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is: 1. made in writing;

2. signed by the child's parent; and
3. delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or treatment absent the objection.”

The written document, signed by the parent, must state that the objection to immunization is based on religious grounds. There is no requirement that the statement must be from the pastor of a church, appear on church letterhead, or provide proof that they are members of a religious organization. The Indiana State Department of Health policy requires that the written statement be verified by the parent each year.



## Immunization Medical Exemption Letter

School Year \_\_\_\_\_

Student Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Grade \_\_\_\_\_

School Attending \_\_\_\_\_

*A medical exemption is a physician's certification that a particular immunization is **detrimental** to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine and must be resubmitted to the school each year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.*

### Physician's statement:

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in accordance with Indiana Code 20-34-3-3.

Physician's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Indiana Code 20-34-3-3

Child's Health Exemption to Immunization

"Exception for Child's Health. If any physician certifies that a particular immunization required by this chapter is or may be detrimental to the student's health, the requirements of this chapter for that particular immunization is inapplicable for that child until it is found no longer detrimental to the child's health."

A written document, signed by the physician, must state that a particular immunization is contraindicated for a child because it is detrimental to the child's health. This Indiana State Department of Health policy requires that a written statement be verified by the school personnel each year until it is found that the particular immunization is no longer detrimental to the child's health.