

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Greenbelt Home Care HPV Vaccination

Greenbelt Home Care will be at your school to give students **FREE HPV** (Human Papilloma Virus) shots. HPV is a common virus. It is a major cause of cervical cancer in women and genital warts in men. Cervical cancer is the second leading cause of cancer deaths among women in the US. Gardasil (HPV) vaccine protects against the types of HPV that most commonly cause cervical cancer and genital warts. The Center for Disease Control (CDC) recommends this vaccine for boys and girls ages 11-26. Ideally boys and girls should receive 3 doses of this vaccine before their first sexual contact when they could be exposed to HPV.

Through the Vaccines for Children Program (VFC), Greenbelt Home Care can provide the 3 dose Gardasil series at **NO COST** if your child is enrolled in Medicaid, does not have health insurance, or if your health insurance does not cover immunizations (underinsured). Greenbelt Home Care will administer the Gardasil Vaccine at your child's school in Feb/March (2011), April/May (2011), and Sept/Oct (2011). If parents would like their child to receive the vaccine, please complete the form and return to the school. If you have any questions about eligibility or vaccine, please call 641-939-8444

I understand the benefits and risks of these vaccines and ask that the vaccine be given to my child for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination.

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**Parent's Signature (consent for immunization)**

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Child's Full Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_

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Parent's Names \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Child has: \_\_\_\_\_ Medicaid \_\_\_\_\_ No Insurance \_\_\_\_\_ Underinsured \_\_\_\_\_ Insurance

The above information is **REQUIRED** to be entered correctly in the State's Immunization Registry.

Greenbelt Home Care is required to abide by the terms of the Notice of Privacy Practice as it relates to HIPAA (Health Insurance Portability and Accountability Act) regulations. Greenbelt Home Care has written information regarding Personal Health Information (PHI) as it relates to the HIPAA Guidelines. You may have a copy of this information and an explanation of the information by calling Greenbelt Home Care at (641) 939-8444.

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(For nurses use only)

**Dose #1 Date:** \_\_\_\_\_ (includes date immunization and VIS given) Site: RD/LD  
Lot# \_\_\_\_\_ Expiration Date \_\_\_\_\_ VIS DATE: \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Administered by \_\_\_\_\_ Date VIS Given: See Above

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**Dose #2 Date:** \_\_\_\_\_ (includes date immunization and VIS given) Site: RD/LD  
Lot# \_\_\_\_\_ Expiration Date \_\_\_\_\_ VIS DATE: \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Administered by \_\_\_\_\_ Date VIS Given: See Above

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**Dose #3 Date:** \_\_\_\_\_ (includes date immunization and VIS given) Site: RD/LD  
Lot# \_\_\_\_\_ Expiration Date \_\_\_\_\_ VIS DATE: \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Administered by \_\_\_\_\_ Date VIS Given: See Above