



Bringing quality healthcare to Nevada's communities

## IMPORTANT INFORMATION

Starting in July 2022, all 12th graders enrolling in Nevada public, private, and charter schools must have a dose of **MCV4** vaccine on or after their 16<sup>th</sup> birthday.

### Dear Parent or Guardian:

Nevada Health Centers (NVHC) will be at your child's school on **Wednesday, April 6<sup>th</sup>, 2022**, to offer the meningococcal vaccine, more commonly known as the **Men ACWY** vaccine. This vaccine protects against four strains of the meningococcal bacteria — A, C, W and Y — which cause meningitis and blood poisoning (septicaemia). This vaccine is safe and has been on the market since 2005. Registered nurses from NVHC will be on site to administer the vaccine to your child.

If you would like your child/ren to receive the Men ACWY vaccine, please complete and sign the attached consent form for each child that should receive the vaccine. Please print clearly and include health insurance information (if available) and attach a copy of the child's insurance card. We will bill most insurance companies for the vaccine. We will not deny vaccination to any child regardless of ability to pay.

Also, please read the enclosed *Vaccine Information Statement*. You may also visit the CDC's website at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

I, \_\_\_\_\_ give my permission to give  
(Parent or legal guardian name, please print)

my child, \_\_\_\_\_ the Men ACWY vaccine.  
(Child's full name, please print)

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

Thank you, and if you have any questions, please contact:

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Nevada Health Centers, Inc.
Vaccine Consent and Information Forms

Patient Name: Date of Birth: Age:
Address: Apt # Sex: M / F
City: State: Zip: Phone: ( )
Primary Insurance: Policy Holder: Date of Birth
Relationship to Patient: Policy ID # Group #
Claims Mailing Address:
Employer: Work Phone:
Employer address:
Emergency Contact (Name): Relationship: Phone:

Responsible Party Information (Name of person financially responsible for your account)

Name: Relationship to Patient: Sex: M / F
Date of Birth: Address: City: State: Zip:

Table with 2 columns: Ethnicity (Hispanic/Non Hispanic), Veteran (Yes/No), Annual Income (Statistical Purposes Only), How many people live in your home?

Patient Statement:

I have been given the current vaccine information statements from the CDC. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of vaccines and request that it be administered to me or to the person listed above for whom I am authorized to make this request.

I hereby voluntarily consent to the vaccination. I further consent to the performance of any examination and procedures by medical staff and their assistants. I agree to the release of medical records for information including those related to medical treatments for this vaccination to my insurance company.

I understand if during the course of my clinical evaluation that I may not receive the requested vaccinations.

Signature of person to receive vaccine or authorized agent

Date

Consent for Medical Services/Treatment of a Minor

THE UNDERSIGNED, DULY AUTHORIZED Parent Legal Guardian (CHECK ONE) does hereby give this written consent to Nevada Health Centers, Inc. to provide necessary medical services to (print child's name), a minor.

I am not the legal guardian but a parent cannot be located. Describe situation:

Signature of Authorized Party

Print Name

Date

Your medical information is private. You are entitled to a copy of our privacy practices under the Health Insurance Portability and Accountability Act (HIPAA)

For NVHC Staff: If this form is used for an event, patient information will need to be entered into EPM/EMR after the event. Form will need to be scanned into "consents" in ICS. Immunizations must be entered into WebIZ.

# Screening Checklist for Contraindications

## to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

YOUR NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**For parents/guardians:** The following questions will help us determine if human papillomavirus (HPV), meningococcal conjugate (MenACWY), meningococcal serogroup B (MenB), and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines may be given to your teen today. If you answer “yes” to any question, it does not necessarily mean your teen should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is your teen sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your teen have allergies to a vaccine component or to latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your teen had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your teen had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For females: Is your teen pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**Did you bring your teen's immunization record card with you?**      yes       no

It is important to have a personal record of your teen's vaccinations. If you don't have one, ask your healthcare provider to give you one with all of your teen's vaccinations on it. Keep it in a safe place and be sure your teen carries it every time he/she seeks medical care. Your teen will likely need this document to enter school or college, for employment, or for international travel.

# Meningococcal ACWY Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

**Meningococcal ACWY vaccine** can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

### 2. Meningococcal ACWY vaccine

**Adolescents** need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

