



Dear Parent/Guardian,

Akron Children’s Hospital, School Health Services in your child’s school can provide any needed vaccination your child is due for, including the Influenza (Flu) Vaccine. Vaccines are provided, regardless of insurance coverage, in your child’s school building during school hours. Participation is voluntary. Only students with parent/guardian completed consent form can receive vaccinations.

Please return this form and attached consent indicating which vaccines you would like your child to receive.

What type vaccines will be offered at my child’s school?

7th and 12th graders are eligible for the following adolescent immunizations.

I would like my child to receive the below vaccines. (check mark)	
<input type="checkbox"/>	TDAP (typically 7 th grade)
<input type="checkbox"/>	Meningitis B (typically 12 th grade)
<input type="checkbox"/>	Meningococcal ACWY (MCV4) (typically 7 th and 12 th grade)
<input type="checkbox"/>	Gardasil (HPV) (typically 7 th or 12 th grade)
<input type="checkbox"/>	Influenza (Flu) Vaccine
Student’s Name and Date of Birth:	
Parent/Guardian Signature:	
Parent/Guardian Name:	
Date:	

How can my child participate?

Return this form **and** attached completed consent form by **10/13/2023**.

Vaccine clinic date: **10/19/2023** School building: **Canton Local**.

If you have additional questions, please contact the School Based Health Center at 330-543-7242. We hope to see your child in the clinic!

Thank You!

School Based Health Center
Akron Children’s Hospital
School Health Services