



## River View Local School District

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Kayla Davis, RN, MSN

### Vaccine clinic at school for current 6th and 11th graders Free sports physicals for students grades 6th-11th provided by Coshocton Regional Medical Center and Coshocton Public Health District May 21, 2024

Your child may participate in just one or both of these clinics, as needed.

**Sports physicals-** Coshocton Regional Medical Center is hosting a sports physical day at RVHS for current grades 6-11 on Tuesday, May 21st from 1:30pm to 3:30pm. In the main office, there are blank physical forms for students interested in getting their physical done for **FREE** at the school. Please have your student stop by the office to pick that up. Parents **MUST** fill out and **SIGN** the forms prior to May 21st. Your student can hand in their filled out forms to the main office and we will hold those for them until they are seen on May 21st. You will not be able to participate in sports without an up to date physical for the 2024-2025 school year.

**Vaccine clinic-** Ohio law requires all students entering 12<sup>th</sup> grade to have a meningitis (MCV4) vaccine. Students entering 7th grade are required to receive the first dose of meningitis vaccine and a Tetanus, Diphtheria, and Pertussis booster (students would have had a TDaP before entering Kindergarten). Students will not be able to attend school after September 13th, 2024 unless documentation is provided.

CRMC and CPHD will be here to provide these vaccines, with parental consent. **NO STUDENT WILL BE TURNED AWAY FOR INABILITY TO PAY.** CRMC will be handling the private insurance and the CPHD will handle medical cards that pay for vaccines or for those who have no insurance at all. In order to get the vaccine done at school we need the following:

- the attached paper (Screening Checklist and Consent Form) completed and signed, front and back
- a copy of your insurance or medical card, front and back, so CRMC/CPHD can verify coverage and bill your insurance/medical card plan.
  - Take a picture of the front and back of your insurance card with a smartphone and send it in an email with your student's name and date of birth to [kayla.davis@rvbears.org](mailto:kayla.davis@rvbears.org) or send a hard copy of your insurance card to school with signed consent forms. Please turn forms into the main office.
  - If you have questions about Medicaid or have no insurance you can call CPHD at 740-622-2999. Provide your insurance information to them over the phone and they can tell if your insurance plan covers the cost of the vaccine.



# Coshocton Regional Medical Center



If you have a copay, there will be no cash exchanged on this day. Your copay, if applicable, needs to be made in the form of a check made out to Coshocton Regional Memorial Hospital or Coshocton Public Health District. Once your insurance information has been turned in we will notify you of your out of pocket cost, if any.

**Please return the “Screening Checklist for Contraindications” and “Vaccine Clinic Consent” form with a copy of your insurance card by May 13th, 2024.**

***We must have a record of this vaccine by the start of school next August.***

**If you have any questions about vaccines please contact Kayla Davis at [kayla.davis@rvbears.org](mailto:kayla.davis@rvbears.org) or 740-824-3523**

**If you have questions about physicals please contact Katie Wesney at [katie.wesney@rvbears.org](mailto:katie.wesney@rvbears.org) or Michelle Wright at [michelle.wright@rvbears.org](mailto:michelle.wright@rvbears.org)**

**In health,**

**Kayla Davis, RN, MSN  
River View Local School District Nurse**

**Katie Wesney,  
River View Athletic Director**

**Michelle Wright, MS, AT, PTA  
River View Athletic Trainer**



## 11th Grade Vaccine Clinic Consent Form

I give consent for my child to be vaccinated with *Meningococcal ACWY* by Coshocton Public Health District/Coshocton Regional Medical Center and have received education and vaccine information sheets (VIS) and questions have been answered.

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Student's name and Date of Birth

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Parent/guardian signature and date



## 6th Grade Vaccine Clinic Consent Form

I give consent for my child to be vaccinated by Coshocton Public Health District/Coshocton Regional Medical Center and have received education and vaccine information sheets (VIS) and questions have been answered.

Check which vaccines your consent to:

- TDaP(Tetanus, Diphtheria, Pertussis)
- Meningococcal

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Student's name and Date of Birth

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Parent/guardian signature and date