



Sedgwick County...
working for you

Division of Health

1900 E. 9th Street, Wichita, KS 67214 - www.sedgwickcounty.org - TEL: 316-660-7300 - FAX: 316-660-7310

Adrienne Byrne, MS
Health Director

Dear Parent/Guardian:

The Sedgwick County Division of Health will host a vaccination clinic at your child's school on _____.

Please provide immunization records of your child's vaccinations to the school before the clinic is held.

Vaccinations will be administered according to the Centers for Disease Control and Prevention's (CDC) approved schedule.

VACCINATIONS REQUIRED FOR SCHOOL ENTRY BY THE STATE OF KANSAS

- DTaP (Diphtheria/Tetanus/Pertussis) – five doses
- Polio – four doses
- Pneumococcal – four doses for children younger than five years
- Hib (Haemophilus Influenzae Type B) – three doses for children younger than five years
- MMR (Measles/Mumps/Rubella) – two doses
- Varicella (Chickenpox) – two doses
- Tdap (Tetanus/Diphtheria/Pertussis) – one dose for grades 7-12
- Hepatitis A – two doses required for children attending an early learning program four years old or less

ADDITIONAL VACCINATIONS RECOMMENDED BY THE CDC

- Influenza (flu) – recommended annually during flu season
- Hepatitis A – two doses recommended for all ages
- HPV (Human Papillomavirus) – two doses recommended for children age 11-15, three doses recommended for students age 16-26
- Meningitis Conjugate – one dose recommended at age 11 and a booster dose recommended at age 16
- Meningitis B – two doses recommended for children age 16-18

Complete the VACCINE CONSENT FORM:

- ✓ Check mark the applicable boxes **and** sign your initials on all the lines that apply.
 - ❖ **If you select number one on the Vaccine Consent Form**, your child will receive all School-Required Vaccination not already received based on available vaccination records.
 - **If you do not know which vaccines are needed for your child to remain compliant with school required vaccinations**, contact your child's school nurse.
 - ❖ **If you select number two on the Vaccine Consent Form**, your child will receive all CDC-Recommended immunizations not already received based on available vaccination records.
- ✓ Form must be **signed and returned** to the school where the vaccination clinic will be held.
- ✓ Vaccine information will be provided to your child the day of the clinic.
 - ❖ If questions about vaccines, contact Sedgwick County Division of Health **316-660-7430** prior to the clinic.
- ✓ **Uninsured students:** There is no charge for your vaccinations at this clinic.
- ✓ **Insured students:** Send a copy of your child's most current insurance card (**front and back**) to school with the child the day of the clinic or when returning the consent form.
 - ❖ **Check with your insurance company** to determine if vaccines given by the Sedgwick County Division of Health are covered.
 - ❖ **If your insurance is denied**, you will be billed for services.