

## Bollinger County Health Center

PO Box 409 107 Hwy 51 North Marble Hill MO 63764

(573) 238-2817 Phone (573) 238-3085 Fax

I, to	
(parent/guardian's name) (Indiv	idual you are giving permission to)
give/sign consent for vaccines for my child,(child's na	, at the ame and date of birth)
Bollinger County Health Center from here on.	
Parent/Guardian Signature	 Date
***Only the Vaccines that you select will be given to your child. The Bollinger County Health	
Center will NOT give any vaccines that are not consented to. ***	
Seasonal Vaccines:	
□ Influenza (6 months and older)	
Infant/Toddler Vaccines (prior to age 4):	Childhood/Adolescent Vaccines:
2 months	4-5-year-olds (Entry into Kindergarten):
<ul> <li>☐ Hep B, Dtap, IPV, HIB, PCV20, Rotavirus, RSV (if needed)</li> <li>4 months</li> <li>☐ Dtap, IPV, HIB, PCV20, Rotavirus</li> </ul>	□ Dtap, IPV, MMR, Varicella, Hep A (unless previous given)
6 months	11-13-year-olds (Entry into 8th Grade):
☐ Hep B, Dtap, IPV, PCV20  1 year	☐ Tdap, Meningococcal ACWY, HPV (unless previous given)
☐ HIB, PCV20, MMR, Varicella, Hep A  15 months	16-18-year-olds (Entry into 12th Grade):
□ Dtap	☐ Meningococcal ACWY, Meningococcal B
18 months	in Mellingococcai New 1, Mellingococcai B
☐ Hep A	
□ I decline Hep A Vaccination for my 1-18- year-old □ I decline HPV vaccination for my 11–18-year-old	
☐ I decline Meningococcal B vaccination for my 16-18-year-old	