

Texas Vaccine Institute, "Vaccinations at Your Location"
5210 Maybrook Park Lane Katy, TX 77450
Tel/fax: (281)828-1893; vaccines01@hotmail.com
"Hablo en Espanol"

VACCINATIONS FOR STUDENTS AT SCHOOL

Dear Parents/Guardians of Seven Lakes High School students,

In order to facilitate the immunization process, Texas Vaccine Institute is going to provide an **immunization clinic** and ***SEASONAL FLU SHOTS*** at Seven Lakes High School in the Main Campus Clinic on Wednesday, October 7th, from 1-6 p.m.

According to the school's records your child is due for the following state-mandated immunization(s): (Please verify with your records or the MD to be sure the information on file at school is current. It is possible your child received the immunization(s), but the information was not provided to the school nurse.)

HEPATITIS B _____
MMR _____
POLIO _____

Tdap (Tetanus diphtheria) booster _____
VARICELLA _____

Other immunizations offered are: Hepatitis A, Meningitis and Gardasil (HPV) for an additional \$15.00 each.

HEPATITIS A _____
GARDASIL (HPV) _____

MENINGITIS _____

The cost is \$15.00 per child for state-mandated immunizations, regardless of the number of immunizations given. Other immunizations (Hep A, Meningitis, and Gardasil) are additional. Hepatitis B vaccine for students 18 years and older is \$30.00. Parents who want to utilize this clinic must send payment (either cash or check made payable to TVI) **AND** this **signed consent** form to school with your child on the clinic day. These must be submitted to TVI at the time of immunization. The nurse will **NOT** be collecting this in the clinic. **It is the student's responsibility to come to the clinic – this consent form will need to be shown to the teacher as their pass out of class.** These clinics are offered as a courtesy only; please feel free to utilize your own physician or other institutions if you so desire.

***Check here if you would like for your child to receive the FLU VACCINE: _____**

**Flu vaccine prices are: \$20 for injection, available for ages 6 months and up;
\$30 for flu mist/inhaled nasal spray, available for ages 2 – 49.**

Seasonal influenza vaccines are formulated to prevent the annual flu; they do not protect against pandemic H1N1 influenza.

(Parental consent form on back)

I give consent for my son/daughter _____,
to receive the vaccine(s) that is/are marked above.

Parent/guardian signature: _____

Date: _____

If you have any questions, please contact your child's nurse: Jennifer Coleman,
Main Campus, 281-237-2825, or Becky Palmer, 9th Grade Campus, 281-237-2982.