



DENVER HEALTH'S IN-SCHOOL IMMUNIZATION PROGRAM VACCINE CONSENT FORM



Vaccines are important to prevent diseases in children and keep them healthy. Throughout the school year, Denver Public Schools (DPS) will work with health care partners in the community, including Denver Health's In-School Immunization Program, to offer required and recommended vaccinations for students.

How the program works:

- This is an **optional** program—your child is not required to participate.
 - **If you do not wish for your child to be vaccinated, please DO NOT fill out this consent form.**
- There is **no cost** to your family; you will **not** be billed for a copay.
- Any DPS student can sign up (health insurance type or status does not matter).
- If you have insurance, your insurance company will be billed for any vaccines administered.
- Nurses from the Immunization and Travel Clinic at Denver Health will review your child's vaccine record to determine what vaccines he/she needs.
- Your child will only be vaccinated at a clinic if they are due for vaccines. **Please note:** This program offers both school-required and non-school-required vaccinations to students, and your child will be vaccinated with any vaccines that they are due for, unless you decline specific vaccines on the consent form.
- Vaccines are provided to students during the school day.
- Your child will be given documentation of the vaccines he/she received the day of the school clinic.
- Contact your school nurse for more information on clinic dates/times.
- You will be reminded of the upcoming clinic by your school's preferred method of parent communication.
- Your child's immunization records will be updated in their electronic health record.

How to sign up for the program:

- Fully complete the consent form (the following three pages).
- **ALL SECTIONS** of the form must be completed; your child will **NOT** be vaccinated if any fields are left blank.
- **Indicate on the first page of the consent form any vaccines you DO NOT want your child to receive.**
- Return the completed form to In-School Immunization Program staff, your child's school nurse, or as directed by your child's school.
- Please turn in your child's vaccination records to the school prior to the in-school vaccine clinic and tell the school nurse each time your child receives a new vaccine.
- If you do not want your child to receive school-required vaccinations, you may choose to sign an exemption for medical or nonmedical reasons for any or all vaccines.

**If you have any questions, please contact your school nurse or
Denver Health's In-School Immunization Program at (303) 602-3462.**





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Section 1. Information about Child to Receive Vaccines: *Please answer all questions*

CHILD'S LAST NAME:		CHILD'S FIRST NAME:		CHILD'S MIDDLE NAME:	
CHILD'S DATE OF BIRTH Month: _____ Day: _____ Year: _____				CHILD'S GENDER (circle or check): Male Female Non-Binary	
ADDRESS:				PRIMARY PHONE NUMBER:	
CITY:		ZIP:	DPS STUDENT ID:	OTHER PHONE NUMBER:	
SCHOOL NAME:			GRADE:	RACE/ETHNICITY (circle or check all that apply): Asian Black/African American Amer. Indian/Alaska Native White Hispanic/Latino Native Hawaiian/Pacific Islander Prefer Not to Answer Other: _____	
PRIMARY LANGUAGE (please circle or check): ENGLISH SPANISH OTHER: _____					
PARENT/GUARDIAN FULL NAME:		PARENT/GUARDIAN DATE OF BIRTH: (MM/DD/YY)			
DOES YOUR CHILD HAVE A SIBLING AT THE SAME SCHOOL? IF YES, INCLUDE NAME: _____					

Section 2. Available Vaccines: Vaccinations are offered at In-School Immunization Program clinics to protect your child against many serious diseases. Prior to vaccinating your child, Denver Health checks multiple databases and records to confirm that your child is only given vaccines that they have not received. Vaccines are designed to prevent life-threatening and debilitating illnesses, including cancer. Denver Health offers the following vaccines:

COVID-19 (age 6 months and up)	Measles, Mumps, Rubella (MMR) (series) (all ages)*
Diphtheria, Tetanus, acellular Pertussis (DTaP) (series) (up to age 7)*	Meningococcal conjugate (MCV4) (age 11 and up)
Hepatitis A (series) (all ages)	Polio (series) (all ages)*
Hepatitis B (series) (all ages)*	Pneumococcal Conjugate (PCV20) (up to age 5)
Haemophilus influenzae (Hib) (up to age 5)	Tetanus, diphtheria, acellular Pertussis (Tdap) (age 7 and up)*
Human Papillomavirus (HPV9) (series) (age 9 and up)	Varicella (Chicken Pox) (series) (all ages)*
Influenza (age 6 months and up) (offered seasonally)	

NOTE: Each of these vaccines are recommended by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP). The vaccines required to attend a Colorado school are noted by an asterisk (*).

If desired, list the name(s) of the vaccine(s) you do NOT want your child to receive here:

Section 3. Information on childhood vaccine schedules:

Vaccine Schedule Information from the Centers for Disease Control and Prevention:
<https://www.cdc.gov/vaccines/parents/schedules/index.html>





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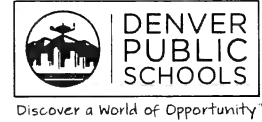
Section 4. Child's Health History: Please answer every question by checking "yes" or "no," so that the nurse can evaluate which vaccines are safe for your child to receive. If you answer "yes" to a question and more information is required, please indicate why you answered "yes" in the space provided. **IF THIS SECTION IS NOT COMPLETELY FILLED OUT, YOUR CHILD WILL NOT BE VACCINATED.**

	Yes	No	N/A
1. Does your child have allergies to medications, food, a vaccine component, or latex? Please List: _____			
2. Has your child had a serious reaction to a vaccine in the past? Please explain: _____			
3. Does your child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is your child on long-term aspirin therapy? Please explain: _____			
4. Does your child have cancer, leukemia, HIV/AIDS, or any other immune system problem? Please explain: _____			
5. In the past 3 months, has your child taken medications that affect the immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? Please explain: _____			
6. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?			
7. In the past year, has your child received a transfusion of blood or blood products, been given immune (gamma) globulin, or been given an antiviral drug? Please explain: _____			
8. Is your child/teen pregnant, or is there a chance that they could become pregnant during the next month?			
9. Has your child received vaccinations in the past 4 weeks? Or a Tuberculosis (TB) skin test in the last 3 days?			
10. Is your child currently taking any medications? Please List: _____			
11. Does your child have any medical conditions not listed in the previous questions? Please List: _____			





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Section 5. Insurance Information: This program is open to all students regardless of health insurance status. Please answer the following questions. Your answers will not impact your child's ability to receive vaccines, and all vaccines will be provided at no-cost to your family. **If you do not have health insurance for your child, Denver Public Schools Medicaid Department can help. They enroll children and families into free or low-cost insurance, such as Child Health Plan Plus or Health First Colorado (Colorado's Medicaid program). Enrollment is year-round, and they can meet you in your community, such as at your child's school. For information, or a one-on-one appointment, please call 720-423-3661 or email outreach@dpsk12.org.**

1.) What type of health insurance does your child have? (Please check one)

- Health First Colorado (formerly Medicaid) Member ID: _____
- Child Health Plan Plus (CHP+): Member ID: _____
- Private Insurance (If so, please answer question 2)
- No Insurance
- Other: _____

2.) If your child has private insurance, please complete lines A through F (you can find this information on your child's insurance card). If your child does not have private insurance, please skip lines A-F:

- A. Insurance Company name: _____
- B. Policy/Member number: _____
- C. Group number (if applicable): _____
- D. Policyholder/Subscriber's name: _____
- E. Subscriber's date of birth: Month _____ Day _____ Year _____
- F. Subscriber's employer: _____

Section 6. Consent: I give my permission for my child to receive vaccinations at school through Denver Health's In-School Immunization Program. I have read or have had explained to me the information on the Vaccine Information Statements about the specific vaccines my child can receive and the diseases that those vaccines protect against. I understand the benefits and risks of the vaccinations. I have had a chance to ask questions, and my questions were answered. I understand this vaccination record will be stored in Denver Health's immunization tracking system (EPIC), the Colorado Immunization Information System (CIIS), and it will be included in my child's school health record. I agree to be contacted by Denver Health regarding my child's immunization history, medical history and insurance information. I understand that this is an optional program, and I may choose to sign an exemption for medical, religious, or personal reasons for any or all vaccines for my child under the Colorado Revised Statutes §25-4-903. By signing this consent, any previous personal, medical, or religious exemptions signed at school become void. In addition, by my signature below, I acknowledge that I have received a copy of [Denver Health's Notice of Privacy Practices](#).

IMPORTANT: The person that signs this consent form **must be a parent or legal guardian**. This signature and relationship are required by DPS to vaccinate your child. **If this consent form is not signed by a parent or legal guardian, Denver Health will not vaccinate your child.**



Parent or Guardian Signature

Relationship to Child

Date



Vaccine Information Overview

The CDC's National Advisory Committee for Immunization Practices (ACIP) recommends vaccines for children and adolescents for prevention of the diseases listed below. As kids get older, protection provided by some childhood vaccines can begin to wear off. Kids can also develop risks for different diseases as they get older. Let us help keep your children and teens healthy by staying up-to-date on vaccines. Your child may already have many of the vaccines on this list. A nurse will review your child's vaccination history to determine which vaccines your child is eligible to receive. The vaccines **required** to attend a Colorado school are noted by **an asterisk**. *

COVID-19 - The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing, or breathe. Anyone can get sick with COVID-19 and become seriously ill or die at any age. COVID-19 vaccines currently approved or authorized by the FDA (Food and Drug Administration) are effective in preventing serious outcomes, including severe disease, hospitalization, and death. COVID-19 vaccination is recommended for everyone ages 6 months and older in the United States for the prevention of COVID-19.

Hepatitis A (HepA) – Hepatitis A is a serious liver disease caused by the hepatitis A virus. Hepatitis A occurs when a person ingests food or water that has been contaminated with hepatitis A virus. Pediatric doses of the Hepatitis A vaccine are given in a 2-dose series to children **up to 18 years of age**.

***Hepatitis B (HepB)** – Hepatitis B vaccine protects against a serious liver disease that can lead to liver damage, liver cancer and death. Three pediatric doses are required for all students **up to 19 years of age**.

Haemophilus influenzae (Hib) - Haemophilus influenzae type b is a bacteria spread through coughing and sneezing. It can cause ear infections, bronchitis, pneumonia, infections of the blood, joints, bones and covering of the heart, and death. Four doses of this vaccine are recommended for all children under the age of 5.

Human Papillomavirus (HPV) – HPV is a virus that is spread through close contact. It is most common in individuals in their teens and early 20's. HPV is the major cause of cervical cancer in females and can also cause other types of cancer and genital warts in males and females. The National Advisory Committee for Immunization Practices (ACIP) recommends routine vaccination that can be given as early as **9 years of age** with the ideal age being between **9-12 years of age**, ideally before their first sexual contact. The HPV vaccine protects against the seven serotypes of HPV that can cause cancer and two serotypes that cause genital warts.

Influenza – Influenza ("flu") is a contagious disease that spreads around the United States every winter, usually between October through May. Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact. Anyone can get the flu, but the risk of getting it is highest among children. Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person. Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Measles/Mumps/Rubella (MMR) – Measles disease can cause ear infection, pneumonia, seizures, inflammation of the brain and death. Mumps disease can lead to deafness, meningitis and painful swelling of the testicles or ovaries and, occasionally, death. Rubella disease causes rash, fever and arthritis and can cause miscarriage or serious birth defects to the unborn child in pregnant women. Two doses of MMR vaccine are required for children of **all ages** to protect against the diseases.

Meningococcal Disease (MCV4) - Meningococcal disease can cause blood infections and a serious infection of the lining around the brain and spinal cord. This infection can cause severe disabilities and death. Meningococcal conjugate vaccine (MCV4) protects against these infections. This vaccine is a two-dose series with the first dose given at **age 11-12** and a second dose given at **age 16 or older**.

Polio (IPV) – Polio disease can cause paralysis, typically of the legs, as well as the muscles that help us breathe. Up to 4 doses of the IPV vaccine are required for children of all ages to protect against polio disease.

Pneumococcal Disease (PCV20) – Pneumococcal disease can cause blood infections, pneumonia, and meningitis in young children. Pneumococcal meningitis can lead to deafness, brain damage, and death.

The pneumococcal conjugate vaccine (PCV20) helps to protect against these infections. Four doses of this vaccine are recommended for all children under the age of 5.

***Tetanus/Diphtheria/Pertussis (DTaP/Tdap/DT/Td) – (DTaP/Tdap/DT/Td) –DTaP (under age 7) and Tdap (age 7 and above)** protects against tetanus (a disease that causes painful muscle stiffness, convulsions, and death), diphtheria (a serious respiratory disease) and pertussis. The pertussis portion of the vaccine protects against whooping cough (which can lead to pneumonia, seizures, and death) and will also help prevent adolescents from infecting infants and smaller children in the family. Four to five doses of DTaP are required for children under 7 years of age and children should receive one dose of Tdap preferably at age 11.

***Varicella or Chickenpox (VAR) –**Varicella vaccine protects against chickenpox disease, a rash illness that can lead to skin infections, pneumonia, swelling of the brain and, on occasion, death. Two doses of the vaccine are required for children of all ages.

Schools work hard to ensure compliance with the immunization laws and your help in providing updated immunization records at school registration is greatly appreciated.

The CDC maintains a current list of Vaccine Information Statements (VIS) for each vaccine. For the most current VIS, please visit <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>.



Notice of Privacy Practices

<https://www.denverhealth.org/-/media/files/about/regulatory-disclosures/ecs2002-18-updated-hipaa-documents.pdf>

