Louisa County Public Health
805 James L. Hodges Ave N
Wapello, IA 52653
Phone: 319-523-3981
FAX: 319-523-8408

VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

Please GIVE my child the following required immunizations: **(Check all that apply)**

☐Tdap ☐Meningococcal

I permit the person named below to be given the vaccine. I am the parent or legal guardian of this person.

Name of School: L&M School

Information about the person to receive vaccine (please print)

Name: First Last		Birthdate: ____/____/____	Age:
Address:	City:	State:	Zip:

Signature of person to receive vaccine or person authorized to make the request (parent/guardian):

X _____ Relationship: _____

Date: _____ Phone Number: _____

Insurance Type: _____ **Insurance ID # _____**

Subscribers Name: _____ **Subscribers DOB: _____**

(Please include copy of Insurance Card if possible)

No Insurance or Non Coverage of Vaccines will be $5.00 for each vaccine.

The insurance number I provided and signature indicate my authorization to bill my insurance for the vaccine and administration. If the insurance fails to pay the claim I understand that I will be billed for the amount.

For Clinic/Office Use

Clinic/Office Address: Louisa County Public Health, 805 J.L. Hodges Ave N., Wapello, IA 52653

	Date	Lot #	Site	Given By:
Tdap				
Meningococcal				