

Timothy Hollinger MPH
Health Commissioner

HURON COUNTY GENERAL HEALTH DISTRICT
180 Milan Avenue Norwalk, OH 44857
419-668-1652
1-888-694-2443 Toll-Free
FAX 419-668-5423

January 13, 2010

Dear Parents,

Children who will be attending kindergarten in the fall of 2010 are required to have certain immunizations. Your school nurse will review your child's record and discuss needed vaccines with you at the kindergarten screening/registration. The Huron County General Health District has many appointments available for you at our 5 Huron County locations. Please contact us at 419-668-1652 x 252 or 888-694-2443 x 252 to schedule an appointment.

We accept all Medicaid and each injection is \$10.00. There is also a \$20.00 office charge. No child is turned away for required vaccines if their family is unable to pay for the shots. For families covered by private insurance, we can give you a receipt for the vaccines given for you to turn into your insurance company.

“Kindergarten shots” are often stressful for children of this age. The Registered Nurses at the Huron County General Health District recommend that you be very matter of fact about the need for the shots with your child. You may want to prepare them by using these ‘talking points’:

“The shots are needed so you don’t get sick.”

“Sometimes the shots hurt a little bit, but it’s over very quick and mom/dad will give you a big hug when you’re all done.”

“Mom/Dad will be right with you when you get your shots/pokes.”

“It’s ok to cry.”

“The Nurses will have a sticker for you when you’re all done.”

Most adults are not up to date on their immunizations. We can schedule a parent’s tetanus booster at the same time as the child’s shots. Many times seeing a parent get a shot first can lessen the child’s fear.

Most children require 3 to 4 shots at this visit and usually these are given in the left thigh and the back of the arms. Please feel free to call and ask to speak to the nurse on call if you have questions about the vaccinations or about how to prepare your child.

If you or your child still needs an H1N1 vaccination, we have plenty of vaccine available. Contact us at 419-668-1652 or toll free at 1-888-694-2443 or find us at www.huroncohealth.com.

We look forward to seeing you and your child soon!

Sincerely,

Christina Cherry RN, BSN
Director of Nursing

Timothy Hollinger MPH
Health Commissioner

HURON COUNTY GENERAL HEALTH DISTRICT
180 Milan Avenue Norwalk, OH 44857
419-668-1652
1-888-694-2443 Toll-Free
FAX 419-668-5423

Dear Parents of Incoming Kindergarten Students:

In order for your child to register for school, it is necessary for you to have a certified copy of their birth certificate. A 'mother's certificate' issued from the hospital is not a certified copy of a birth certificate. The birth certificate must have a raised seal and a certification statement from the health department.

If your child was born at Bellevue Hospital, Fisher-Titus Medical Center, or Mercy Hospital of Willard, or anywhere within Huron County, your child's birth certificate is available from the Huron County General Health District. The cost is \$25.

You may obtain a certified copy of the birth certificate:

1. In person at the Health District, 180 Milan Ave. Norwalk OH 44857 between the hours of 9 AM & 4:30 PM Mondays and 8 AM & 4:30 PM Tuesday through Friday, excluding legal holidays
2. by mail. Each request must include the child's name, date of birth and the signature of the person requesting the certificate. You will find a copy of a request form at our website: www.huroncohealth.com . Please include a check or money order for \$25.00 along with a self-addressed stamped envelope.
3. by phone. During regular business hours with a credit card. Please call 419-668-1652 or toll-free 1-888-694-2443 x 223.

If your child was born outside of Huron County or Bellevue City, please refer to the Ohio Department of Health website (www.odh.state.oh.us/vitalstatistics/vitalstats.aspx) to locate your child's birth certificate.

Huron County General Health District
 180 Milan Avenue Norwalk OH 44857
 (419)668-1652 or 1-888-694-2443
 (Within Huron County)

Authorization for Immunizations of children birth through 10 years

I, _____ the undersigned parent, legal guardian, or person
 (Parent/Guardian's Full Name)
 having legal custody of _____ do hereby authorize
 (Please Print Full Name of Child)

_____ to represent me as Guardian and provide consent
 (Please print name of Adult bringing child to clinic)

to the appropriate licensed health care provider of the Huron County General Health District to proceed with the administration of the appropriate vaccines based on age and the schedule recommended by the Ohio Department of Health for my child, a minor, noted above. I understand that the Immunization Guidelines followed by the Huron County General Health District are the same as recommended by the Ohio Department of Health and the American Academy of Pediatrics. Please complete on this form any vaccines the child has already received or send the child's record along to the appointment.

CHILD'S DATE OF BIRTH

It is mandatory that you bring the child's shot record with you

Please complete other information about the above named child;

YES	NO	Has the above named child ever had:
		Convulsions or seizures; or
		A severe reaction to any vaccine, eggs, medication, or gelatin?
		Does the patient have cancer, leukemia, AIDS, or any other immune system problem, or have they taken cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments in the last 3 months?
		Is the patient sick today?
		Is this person pregnant or at the risk of becoming pregnant in the next month?
		Has the patient had any blood, plasma, or immune (gamma) globulin transfusion in the last six months?

Parent, Guardian, and Adult signature's are in recognition and acceptance of the content of this page.

Parent/Guardian Signature: _____ Date ____ / ____ / ____

Home telephone _____ Work telephone _____

Adult bringing child to clinic Signature: _____ Date ____ / ____ / ____

I have received a copy or had one made available to me through the Huron County General Health District's web site and have read, or had read to me, the information contained in the appropriate Vaccine Information Statement (V.I.S) about the disease(s) and vaccine(s) that my dependent will receive. I have had a chance to ask questions, (by calling the Health Department at 1-888-694-2443 toll free) which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) to be received. (V.I.S. forms are located at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>)

I understand the information is being sent to a central registry at the Ohio Department of Health.
 Users/Clinic Forms/HDCL1280 Revised 4/23/2009