

August 2009

Dear Parent/Guardian:

Please find enclosed a patient information sheet about the HPV (human papillomavirus) vaccination. This vaccination may help prevent women from getting some forms of cervical cancer. It is recommended that girls ages 9 – 26 get this vaccination. Many insurance companies are paying 100% for the series of three shots. You may check with your insurance provider to see if the vaccinations are covered.

The school-based health center at your child's school can provide this vaccination to your child when the medical staff is there. A series of three shots is required. Having your child vaccinated at school means they will not be missing valuable education time to go to the doctor's office.

If you would like your child to receive this vaccination at the school-based health center, please sign and date the consent below and return it to the school to our attention by November 15 and we will begin the series. We must also have a signed School-Based Health Center consent on file for your child. This form is provided in your packet of information.

For more information or questions, please call at 304-358-2355.

Name of person to receive vaccine:

Last _____ First _____ MI _____

Birthdate _____

Parent signature _____

Date _____