

Below are required and optional vaccines for children. If you have any questions on what your child may need, please contact Siouxland District Health Department at 712-279-6119 and ask to talk with a Registered Nurse to discuss vaccines.

REQUIRED VACCINES FOR SCHOOL

By initialing below, I am consenting to the following vaccinations for my child:

Parent/ Guardian Initials	Vaccine	Date Given	Lot #	Site	Nurse Signature	VIS Date
	Meningococcal ACWY-TT MenQuadfi					8.6.21
						8.6.21

Below are optional vaccines for children. If your child is needing the following vaccines and you would like to receive them at school, please put your initials next to the vaccines you want your child to receive.

OPTIONAL VACCINES

By initialing below, I am consenting to the following vaccinations for my child:

Parent/ Guardian Initials	Vaccine	Date Given	Lot #	Site	Nurse Signature	VIS Date
	HPV Gardasil9					8.6.21
	Flu					8.6.21
	Meningococcal B Bexsero					8.6.21

Time in: _____ am / pm Time out: _____ am / pm

CHAMPS/IRIS entry completed _____