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SOUTH DAKOTA
DEPARTMENT OF HEALTH

Division of Family and Community Health
Child and Family Services
Chronic Disease Prevention and Health
Promotion
Disease Prevention Services

Dear Parent or Guardian,

The Department of Health offers seasonal influenza vaccine to children ages 6 months through 18 years of age. Influenza vaccination helps protect children from the flu and its complications and decreases the spread of influenza within the community.

An influenza vaccination clinic for school-age children will be held at the **Clark Elementary and High Schools** on **Thursday, November 3rd**.

- The SD Department of Health will bill insurance directly for children covered by Medicaid or private insurance. If your child has insurance coverage, a copy of the **front and back** of your Medicaid or insurance card **must be attached to the consent form***.

SD DOH is considered in-network for the following insurance companies: Avera, Sanford, Dakota Care, BCBS and Medicaid. If you have questions about your insurance paying for your child to receive a flu shot at this school-based clinic, please call our office to discuss or call your insurance company directly.

- If you choose not to bill your insurance and/or do not provide a copy of your insurance card, you must pay the \$46 fee for the influenza vaccine. Please send cash or check with your child (make checks payable to SD DOH).
- Children with limited or no health insurance qualify for vaccinations through a federal vaccine program that offers vaccinations at a reduced cost. Please contact our office to discuss this option if you believe your child qualifies.

*Children will not be vaccinated if we do not have a copy of the **front and back** of an insurance card or receive payment on the date of the scheduled flu clinic, or if the form is not filled out completely and signed.

Please complete the following and return to the school:

1. Review the *Vaccine Information Statement* carefully. Keep for future reference.
2. Complete the *Seasonal Influenza Consent Form* including a signature and a phone number where you can be reached during the time of the clinic.
3. Attach a copy of your child's insurance or Medicaid card to the consent form.
4. Return the completed consent form to the school by **10/31/2022**. **Late consent forms will not be accepted.**

Questions, please call the Clark County Community Health Office at 605-532-3168.