Dear [SCHOOL NAME] families,  
   
On [CLINIC DATE], the Indiana Immunization Coalition (IIC) will be onsite at [LOCATION] to host an optional immunization clinic during the school day for students. Breaking down barriers and bringing vaccines to you.

To participate in the clinic, simply register your student with the QR code or registration link listed below.



Online registration form here: <https://patients.vaxcare.com/registration> **Enrollment Code**

**IN65942**.  If you need a form in a different language or need assistance completing the

registration, then please contact the school at [PHONE # OR EMAIL].

Students registered for the clinic will be vaccinated with all ACIP recommended vaccinations that are due at the time of the clinic. This would include HPV vaccine starting at nine years of age, influenza (September thru April) and Meningitis B at 16 years of age. IIC will look up your student's immunization history to know what immunizations your student is due for. If you want more information on what immunizations are recommended for your child, then please see the [CDC Recommended Immunization Schedule for Children and Adolescents.](https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)

\*For any specific vaccine refusal email clinic@vaccinateindiana.org at least 48 hours prior to the clinic.

IIC will not initiate the COVID vaccine without explicit parental request.

IIC accepts all insurance (commercial, Medicaid and Medicare), and will also provide immunizations at no cost to those without insurance.

Any questions, please contact IIC at 317-628-7116.

Thank you,

[School Contact Name]