

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 [SCHOOL PHONE # OR EMAIL].

Students registered for the clinic will be vaccinated with all age-recommended vaccinations that are due at the time of the clinic. This would include the HPV vaccine starting at nine years of age. If you want more information on what immunizations are recommended for your child, please see the attached reference.

IIC will look up your student's immunization history to know what immunizations your student is due for.

IIC will not administer Meningitis B, Covid-19 and/or flu vaccine without parent request. To request OR refuse a vaccine (for those 17 years and younger), please email clinic@vaccinateindiana.org at least 48 hours prior to the clinic.

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

Any questions, please call or text IIC at 317-628-7116, or email clinic@vaccinateindiana.org

Thank you,

[School Contact Name]