

April 14, 2021

Mid-Ohio ESC and Galion City Schools in partnership with Discount Drug Mart, Richland County Public Health, Crawford County Public Health, and Galion Health Department will be hosting two voluntary student vaccination clinics for any students ages 16 and older in Richland and Crawford counties.

The following two options are available for students to register and receive their first vaccination. The second vaccination clinics will be held three weeks after the first clinic.

Registration closes: Monday, April 19 @ noon.

DATE:	Monday, April 26th 9:00 a.m. – 2:00 p.m.
SITE:	Mid-Ohio ESC (890 West Fourth Street, Mansfield)
REGISTER:	http://covid.discount-drugmart.com/midohesstudents

DATE:	Wednesday, April 28th 9:00 a.m. – 2:00 p.m.
LOCATION:	Galion High School (472 Portland Way North, Galion)
REGISTER:	http://covid.discount-drugmart.com/galionstudents

Children ages 16 and 17 who are not emancipated must have parent or legal guardian consent. Parents and guardians are not required to accompany the minor to receive the vaccine. The Pfizer vaccine will be used for these clinics and is authorized for ages 16 and older. At this time, students will be the only ones able to receive the vaccination at these two clinics. The local health departments along with other local providers have indicated that they have availability for any parents that are interested in receiving the vaccination.

The vaccination registration will be a two-step process:

1. Students interested in receiving the vaccination will need to pre-register (name, date of birth, cell phone, and school email) by clicking on the appropriate link in one of the two boxes above. The deadline to register is April 19 @ noon.
2. Once registration is closed (April 19 @ noon), students will receive a scheduling notification where they will be able to select their time slot to receive the vaccination.

Students will be required to bring with them on the day of the clinic, a completed consent form (with parent signature) along with a form of ID (driver's license/permit, school ID, or birth certificate).

To be excused from school for the vaccine, students and their families will need to follow their school's procedures for medical appointment.

Discount Drug Mart COVID Clinic Vaccine Administration and Consent Form Crawford and Richland County Students

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT) ALL SECTIONS MUST BE COMPLETED						
FIRST NAME:	LAST NAME:			HOME ADDRESS COUNTY:		
ADDRESS:	CITY:	STATE:	ZIP CODE:			
DATE OF BIRTH:	AGE:	GENDER:	PHONE NUMBER:			
ALLERGIES:	CHRONIC ILLNESS:					
PRIMARY CARE PHYSICIAN:	ADDRESS:		PHYSICIAN PHONE NUMBER:			
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:		PARENT/GUARDIAN PHONE NUMBER:			
RACE (CIRCLE ONE): <div style="display: flex; justify-content: space-between; font-size: small;"> White Black/African American Hispanic Asian American Indian/Alaskan Native Prefer Not to Answer Native Hawaiian/Other Pacific Islander Other </div>			ETHNICITY: Are you of Hispanic, Latino, or Spanish origin? (SELECT ONE): <input type="checkbox"/> Yes-Please specify: _____ <input type="checkbox"/> No-Not Hispanic, Latino, or Spanish origin			
BILLING INFORMATION						
CIRCLE ONE:		MEDICARE B	MEDICARE D	PRESCRIPTION PLAN	MAJOR MEDICAL	CASH
PLAN NAME:			ID NUMBER:			
GROUP:			RELATIONSHIP:			
RX BIN:		RX PCN:		RX GROUP:		
SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS					YES	NO
1. Are you sick today or experiencing any symptoms which may be associated with COVID-19?						
2. Do you have any allergies to medication, food, latex, polyethylene glycol (PEG), or any vaccine component or have you ever had a serious reaction after receiving a vaccine? Please list:						
3. During the past year, have you received a transfusion of blood or plasma or been given immune globulin?						
4. Are you pregnant, planning on becoming pregnant in the next month, or breast feeding?						
5. Have you had any vaccines administered to you in the past 14 days?						
6. Do you have a history of a bleeding disorder or are you taking blood thinners?						
7. Have you ever received a COVID vaccine? If Yes, which manufacturer (please circle one)? Pfizer Moderna						
8. Have you ever had a positive test for COVID-19 or been told that you have had COVID-19? If Yes, please list approximate date:						
9. Have you received antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? If Yes, please list approximate date:						
10. Select the most appropriate Target Population/Occupation code on the back of the form.						
11. Do you have a temperature? <i>Note: Temperature will be taken prior to vaccine administration.</i>						

SIGNATURE AUTHORIZING VACCINATION: _____ **DATE:** _____

[Person to receive vaccine or person authorized to make request (parent or legal guardian)] For **MEDICARE** or **INSURANCE** recipients: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to Discount Drug Mart. If a claim rejects, I will be charged cash. For patient reimbursement, the patient must submit their Cash Receipt to their major medical benefits provider.

Physician on Record: Julia Bruner, MD MS 2500 MetroHealth Drive Cleveland, OH 44109

I have read or have had explained to me the information in the EUA about the vaccine I circled above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request. I agree to receive treatment for any adverse event that may occur

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**Discount Drug Mart COVID Clinic Vaccine Administration and Consent Form
Crawford and Richland County Students**

Signature and Title of Vaccine Administrator: _____

Printed Name: _____ Date: _____

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