## NIOBRARA VALLEY HOSPITAL MEDICAL CLINIC

## FLU VACCINE CLINIC

## **Boyd County School**

Lynch Campus: Tuesday, October 18, 2022

Spencer Campus: Wednesday, October 19, 2022

Butte Campus: Tuesday, October 25,2022

7:00am to 8:15am each morning

Name: (Last)	(First)	(Middle)	<del></del>
Date of Birth:			
Mailing Address	City	State	Zip
Phone: Home	Cell		
PARENT/GUARDIAN INFORMAT	ION (if under 19 years of age)		
Name(last)	(first)	(midd	dle)
INSURANCE INFORMATION (or Insurance Name:	, ,		
Insurance Address (usually four	d on back of card):		
Policy Holder Name:		DOB:	
Policy Number:		Group Number (if available)_	
Insurance Effective Date:			
Our clinic participates in the	Nebraska Vaccines for Child	ren Program. If your child qu	alifies for
Medicaid, we are able to off	er them either the flu shot o	or flu mist (nasal spray).	
If your child qualifies, please ch *We have limited quantities of FluMis		t or*FluMist (nasal spec, first serve basis.	oray)

<sup>\*</sup>PLEASE NOTE: Children under the age of 12 must be accompanied by an adult.