

VFC Clinic FAQ

- 1. Does a parent need to be present at the clinic?** *No, a parent does not need to be present so long as they have filled out the Patient Release Form. The form is provided in the pre-registration link and attached to this FAQ. Parents must consent to the specific vaccine(s) being given.*
- 2. Which vaccines are available?** *ALL ACIP recommended vaccines for children are available, not just school required vaccines.*
- 3. Who can participate in the VFC clinic?** *ALL children can take advantage of the VFC clinic for any ACIP recommended vaccine. The VFC program covers those children that are uninsured or underinsured. Children that have insurance are also able to participate. Those with insurance will need to provide their insurance information in the pre-registration link. The pharmacy partner will confirm that their insurance will cover the cost of the vaccine prior to vaccinating.*
- 4. Is pre-registration required?** *Yes. You will be provided with a pre-registration link to share out to your community. This link provides the pharmacy with necessary information to proceed with vaccination on the day of the clinic. Pre-registration should be completed the day before the clinic.*
- 5. Are walk-ins permitted?** *IF there is a walk-in, they will need to fill out the consent form and have any insurance information confirmed prior to being vaccinated. The pharmacy prefers pre-registration but will not turn anyone away. Pre-registration should be promoted.*
- 6. Will there be a follow-up clinic for those that need additional doses on a particular vaccine?** *Depending on the number of children that will need follow-up vaccines will determine the scheduling of a follow-up clinic. If your clinic has many children that will need follow-up doses, the pharmacy will schedule another date for those doses. If there are just a few follow-ups, the pharmacy and BCHIP will have information on where to go for those follow-up doses.*
- 7. Does the pharmacy need vaccine records/list of what students need?** *Yes! For School Districts/Daycares, it is helpful to provide the pharmacy with a list of children that need vaccines and what specific vaccines they require. Many times, parents are unsure which vaccines are required at certain times. Any information you can provide the pharmacy with is helpful. The Vaccine Request Form is attached to the FAQ.*
- 8. For School Districts, what is the role of the district and the school nurse?** *The school district/daycare facility provides the location for the clinic, promotes the clinic and provides the pre-registration link to their students and families. The school nurse(s) should be on site during the clinic to assist with students. Nurses are welcome to assist with vaccinating, if they would like, but it is not necessary.*



CONSENT FOR VACCINATION AND RELATED TREATMENT FOR MINOR WITHOUT A PARENT/LEGAL REPRESENTATION

Consent is required for vaccination of patients under the age of 18 without a parent/legal representative present.

Minor Patient Name:	Minor Patient Date of Birth:
Minor Patient Address:	
Emergency Contact: Name: _____ Relationship to Minor: _____ Phone Number: _____	

I am the: ___ Parent of the minor patient ___ Legal guardian of the minor patient

___ Other person with authority to make healthcare decisions on behalf of the minor patient, describe legal relationship: _____

I hereby attest to the following:

- The patient is a minor and eligible for the following vaccines.
- I have the legal authority to consent to the administration of the following vaccines to the minor patient

-
- I understand that I have the option to accept or refuse a vaccine on behalf of the minor patient.
 - I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
 - The minor patient and I agree that the minor patient will remain in the observation area for the required time period following vaccine dose administration.
 - I consent to the administration of the vaccines for the minor patient stated above.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual

Date

Signature of Parent, Legal Guardian, or Other Authorized Individual

Date

Student Information:

Patient Name: _____ DOB: _____ Allergies: _____
Address: _____
Parent/Guardian Name: _____ Parent/Guardian Phone: _____

School Information

Name of School: _____
Contact Name: _____
Contact Phone: _____

Primary Care Provider Information

Provider Name: _____
Phone: _____
Address: _____

INSURANCE

Select all that apply:

- I am enrolled into Medicaid
- I am underinsured and served by FQHC, RHC, or deputized provider*
- I am underinsured and not served by FQHC, RHC or deputized provider**
- I am enrolled in CHIP***
- I have no health insurance
- I am American Indian or Alaskan Native
- I have health insurance covering vaccines

*Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by their insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC & the state/local/territorial immunization program in order to vaccinate underinsured children.

** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

***Children enrolled in separate state Children's Health Insurance Program (CHIP) are considered insured & are not eligible for VFC vaccines. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

VACCINATION

Select all that are needed:

- Meningococcal (MCV)
- Polio
- Hepatitis B (ENGERIX-B)
- Measles, Mumps, Rubella (MMR)
- Chickenpox (VARICELLA)
- DTaP (<7 years old)
- Tetanus, Diptheria, Pertusis (TDaP - 7+ years old)

Notes: _____



Phone: 610-544-4645 • Fax: 610-544-1757
1154 Baltimore Pike • Springfield, PA 19064
Mon - Fri 9-7 • Sat 9-3 • www.MySpringfieldPharmacy.com