

NIOBRARA VALLEY HOSPITAL MEDICAL CLINIC

FLU VACCINE CLINIC

Boyd County School

Butte Campus: October 13, 2020

Lynch Campus: October 14, 2020

7am to 8am

Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____

PARENT/GUARDIAN INFORMATION

Name(last) _____ (first) _____ (middle) _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

INSURANCE INFORMATION (or send a copy of card)

Insurance Name: _____

Policy Holder Name: _____

Policy Number: _____ Group Number (if available) _____

Insurance Effective Date: _____

*PLEASE NOTE: Children under the age of 12 must be accompanied by an adult.