

NIOBRARA VALLEY HOSPITAL MEDICAL CLINIC

FLU VACCINE CLINIC

Boyd County School

7:00am to 8:15am on scheduled days

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

Date of Birth:_____

Physical Address_____ City_____ State_____ Zip_____

Mailing Address(if different)_____ City_____ State_____ Zip_____

Phone: Home_____ Cell_____

PARENT/GUARDIAN INFORMATION (if under 19 years of age)

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

Date of Birth:_____ Phone:_____

INSURANCE INFORMATION

****We will need a copy of your Insurance Card****

Insurance Name:_____

Policy Holder Name:_____ DOB:_____

***PLEASE NOTE:** All children under the age of 19 must have consent given by a parent or guardian. If you will not be in attendance with your child, please call the Spencer Clinic in advance at 402-589-1580 to give your verbal consent.

Elementary school children must be accompanied by an adult.