



Whitehall School District

19121 Hobson Street, Whitehall, WI 54773 | P: 715.538.4364 | F: 715.538.4639 | [whitehallsd.k12.wi.us](http://whitehallsd.k12.wi.us)

Mike Beighley - Superintendent

August 26, 2021

Hello Norse Families!

We would like to make you aware of an opportunity to participate in a Covid-19 Vaccination Clinic here at Whitehall Memorial Schools. We will be hosting the vaccination clinic provided by AMI on Wednesday, September 8, 2021, starting at 12:30 pm and running through 7:00 pm. Both the Pfizer and J&J vaccinations will be available at this clinic and will be offered to appropriate eligible students, staff, families and community members free of charge at this site.

Note: [AMI Expeditionary Healthcare \(AMI\)](#) provides medical services to international aid organizations, humanitarian concerns, the private sector and government agencies in a wide range of remote and challenging environments.

If you would like to participate, or would like your child to participate, you simply need to complete the attached permission form and return it to school prior to September 8, 2021, or bring it with you to the clinic.

Eligible students who wish to participate and have parental permission, will be able to simply go to the designated area during the afternoon, but of course, if any parent or guardian would like to be present while their child participates, that is certainly understandable and acceptable. Please simply make us aware if you would like to be present or feel free to use the out of school time frame for the vaccination.

As stated in our fall 2021 operations plan, "As a service to our families, the Whitehall School District will provide communication about vaccination as information becomes available. **Vaccination is a personal choice.** The communication is for information purposes and is not intended to promote or discourage vaccination. ... we may provide the use of school buildings for vaccination clinics, but again simply provide this as a service to those that want or need it."

In this spirit, I am simply making you aware of this option if you would like to take advantage of this opportunity.

Please feel free to contact me or Nurse Becky Poulos here at school if you have any questions or would like additional information about the clinic.

Respectfully,

Mike Beighley  
Superintendent

**WHITEHALL SCHOOL DISTRICT BOARD OF EDUCATION MEMBERS**

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*The Whitehall School District does not discriminate against pupils or employees in its educational programs or activities, or in employment.*



### COVID-19 Immunization Consent Form for Individuals Under 18 Years of Age

RECIPIENT NAME (Last)		(First)	(M.I.)	DATE OF BIRTH		
				month	day	year
ADDRESS CITY	STATE	ZIP	EMAIL			
Parent/Legal Guardian (Last)		Parent/Legal Guardian (First)		Parent/Legal Guardian (Middle Initial)		

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of reviews as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known or potential benefits of the vaccine outweigh the known and potential risks.

#### Consent

I certify that I am the parent or legal guardian of the patient. I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.

On behalf of myself and dependent I hereby release and hold harmless the applicable Provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that I understand the purposes/benefits of my state's immunization registry ("State Registry") and the Provider may disclose my immunization information to the State Registry. By signing below, I hereby do consent to the Provider reporting immunization information to the State Registry.

I understand that there will be no cost for this vaccine. I understand that any monies or benefits for administering the vaccine(s) will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to copies of claims and itemized bills) to verify payment. AMI is only facilitating the delivery of vaccine to the individual and is/will not be responsible for the outcome of the vaccine, including any adverse reactions to the vaccine.

Parent/Guardian Signature	Date	Print Name	Relationship to patient