



Saint Katharine Drexel Preparatory School

"Continuing the Drexel Dream since 1915"

5116 Magazine Street | New Orleans, Louisiana 70115 | (504)-899-6061 | Fax (504)-503-7801

Greetings Students, Parents, Faculty, and Staff,

Our primary concern will always be for the health and safety of our St. Katharine Drexel Prep community. In light of this, I am happy to announce that St. Katharine Drexel Prep has partnered with the Paisley Family Medical Center to offer the St. Katharine Drexel Prep Community the free COVID vaccination for anyone age 12 years and up.

Attached you will find a registration form that must be completed. Your ID and insurance card (if applicable) are recommended. However, we will vaccinate regardless of the insurance policy status. The enclosed COVID Registration form must be completed and emailed to our new Administrative Assistant, Ms. Crystal McCullum. Her email address is cmccullum@drexelprep.com. This form must be returned by **Friday, July 30, 2021**, so that we can order the proper amount of dosage.

We will vaccinate our community on both Student Orientation dates, **Monday, August 9th and Tuesday, August 10th from 9:00am – 1:00pm**. Parents can also be vaccinated on these dates. Another opportunity will be on the evening of **Thursday, August 26, 2021** during our Meet the Faculty Open House from **5:00pm – 7:00pm**. (*Our 2021 – 2022 School Calendar has been posted on our website.*)

I encourage everyone to take advantage of this opportunity. For those who are eligible and not vaccinated, look at the recent death rate statistics of those who are vaccinated compared to those who aren't. The research and statistics do not lie! The Delta Variant is a very aggressive form of the Corona virus.

The SKDP School Mask is still a mandatory part of the school uniform. The school mask must be worn at all times. The Official School Mask can be purchased on to the school website at www.drexelprep.com. Only SKDP School Masks will be allowed to be worn at school.

If you have any questions or concerns, please contact Ms. McCullum via email, or at 504-899-6061, ext. 310.

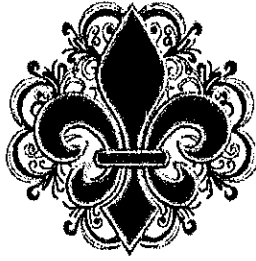
Blessed By The Best,

Eric J. Smith

Principal

Living the Catholic Identity within a respectful culture that produces caring, confident, and competent 21st Century Leaders.

Website: www.drexelprep.com || Email: drexelprep@drexelprep.com



DUSSIEY FAMILY MEDICAL CENTER, LLC
4747 EARHARTT BOULEVARD, SUITE 7
NEW ORLEANS, LA 70125-1747
PHONE: (504) 982-9705, FAX: (504) 682-9707

COVID-19 Demographics Sheet

(Please Print)

Today's Date:

PATIENT INFORMATION

Last Name:		First Name:		Middle Initial:	
Street Address:			Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
City:	State:	Zip Code:	Phone Number:		

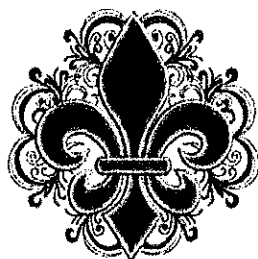
(For Office to Complete)

CDC VERIFICATION DATA

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Uniform	<input type="checkbox"/> Passport	<input type="checkbox"/> Other
<input type="checkbox"/> Employee ID	<input type="checkbox"/> Self	<input type="checkbox"/> Letter	_____

DOSAGE INFORMATION

Date of first Dose:	Date of Second Dose:	Position of Injection <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid	
Vaccine Administrator:	Time of injection:	Time of completed supervision:	Tier: <input type="checkbox"/> 1a <input type="checkbox"/> 1b
Administrator Signature:	Date:	Chart ID:	



RAISLEY FAMILY MEDICAL CENTER, LLC
4747 EASTWART BOULEVARD, SUITE 1
NEW ORLEANS, LA 70125-1747
PHONE: (504) 962-9705 FAX: (504) 962-9707

COVID-19 Consent Form

COVID-19 INFORMATION

The COVID-19 vaccine will reduce the risk of suffering from the new type of Coronavirus disease, most known as COVID-19. Please be aware that the vaccine is not completely effective like all other medicines. It can take a few weeks for your body to build up protection from the vaccine. There is always a chance of getting infected by Coronavirus even with the vaccine; however, the vaccine lessens the severity of any infection. Two doses will reduce the chance of being seriously ill and reduce the risk of death due to Coronavirus. This vaccine does not give you COVID-19 infection, but you still need to follow the health instructions in your workplace and in public areas, such as wearing a mask and keeping the distance from others.

COVID-19 CONSENT

I certify that I am: (a) at least 16 years of age (b) the parent or legal guardian of the minor patient; or (c) the legal guardian of the patient. Further, I hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an "applicable Provider"), to share my personal demographic and health condition information to provide me with vaccination services for the COVID-19 vaccine.

I understand that it is not possible to predict all possible side effects or complications, risks, and benefits associated with receiving vaccine(s). I understand that the possible side effects include, but are not limited to, fever, pain at the injection site, redness, and hardness of the skin at injection site, headache, muscle aches or pains, joint aches or pains, fatigue (tiredness), nausea/vomiting, chills, and underarm gland swelling on the side of the vaccine.

I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.

If you think you are experiencing any side effects, please remain calm and see your doctor immediately. If you are currently pregnant or planning to get pregnant or your partner is planning to get pregnant; please see your doctor before getting vaccinated.

Print Name:

Date:

Patient Signature: