

# Immunization Care Mobile

**Free childhood immunizations**  
6 weeks–18 years of age  
Immunization record required

504.733.3268

[CHGNOIN@LCMChealth.org](mailto:CHGNOIN@LCMChealth.org)  
[chnola.org/immunization](http://chnola.org/immunization)

## November 2024

Schedule is subject to change

| Sunday | Monday   | Tuesday   | Wednesday  | Thursday  | Friday | Saturday   |
|--------|--|---|--|---|--------|--|
| 27     | 28   | 29  | 30   | 31  | 1      | 2<br>Kenner Walgreens<br>Chateau & W.<br>Esplanade<br>9:00A – 1:00P        |
| 3      | 4<br>Kenner Hispanic<br>Apostolate<br>2525 Maine Ave<br>1:00P – 5:00P  | 5<br>Slidell<br>Rouses<br>1644 Gause Blvd<br>1:00P – 5:00P            | 6<br>East N.O.<br>Regional Library<br>5641 Read Blvd<br>1:00P – 5:00P          | 7<br>Marrero<br>Wal-Mart<br>4810 Lapalco Blvd<br>1:00P – 5:00P                              | 8      | 9  |
| 10     | 11<br>Kenner Walgreens<br>Chateau & W.<br>Esplanade<br>1:00P – 5:00P   | 12<br>Algiers Regional<br>Library<br>3014 Holiday Dr<br>1:00P – 5:00P | 13   | 14<br>Marrero<br>Wal-Mart<br>4810 Lapalco Blvd<br>1:00P – 5:00P                             | 15     | 16<br>N.O. East Hospital<br>LCMC Health<br>5620 Read Blvd<br>9:00A – 1:00P |
| 17     | 18<br>Hispanic<br>Resource Center<br>4312 Florida Ave<br>1:00P – 5:00P | 19<br>New Orleans<br>4500<br>Tchoupitoulas<br>1:00P – 5:00P           | 20<br>Rosa F. Keller<br>Library 4300 South<br>Broad St. N. O.<br>1:00P – 5:00P | 21<br>Marrero<br>Wal-Mart<br>4810 Lapalco Blvd<br>1:00P – 5:00P                             | 22     | 23   |
| 24     | 25<br>Kenner Walgreens<br>Chateau & W.<br>Esplanade<br>9:00A – 1:00P   | 26<br>Gentilly<br>Rouses<br>6600 Franklin Ave<br>9:00A – 1:00P        | 27<br>N.O. East Hospital<br>LCMC Health<br>5620 Read Blvd<br>9:00A – 1:00P     | 28<br> | 29     | 30   |

**Due to high volumes at some locations, sign-in times will end once we meet capacity.**

If your child is new to the state of Louisiana, you must submit all required documents before being seen at the immunization bus. This can be done through our website or email provided above.

**Required Information for the Child (Patient)**

Birth certificate or passport | Immunization record (if applicable) | First and last name | Date of birth | Sex | Race | Home address | Phone Number

**Required Information for the Legal Guardian**

First and last name | Date of birth



**Children's Hospital**  
New Orleans LCMC Health