

# Immunization Care Mobile

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

504.733.3268

[CHGNOIN@LCMHealth.org](mailto:CHGNOIN@LCMHealth.org)

[manningchildrens.org/immunization](http://manningchildrens.org/immunization)

## February 2025

Schedule is subject to change

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

**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

