

Dear Parent/Guardian:

The Baldwin County Health Department is partnering with John Milledge Academy to provide a flu vaccination program to students on **October 22, 2019**.

Every year many children are infected by the influenza virus, causing serious illness and missed days of school. Also, an infected child can spread the flu to other members of the family. Some children suffer more serious complications, especially those with chronic health problems like asthma, diabetes, and nervous system disorders. Vaccination is the best way to protect your child from this potentially serious disease.

Our upcoming school clinic is a convenient way to get your child a flu vaccine without having to make an extra trip to the doctor. To help make the vaccine as affordable as possible, we will provide it at **NO** cost to you.

TO SIGN YOUR CHILD UP FOR A FLU VACCINE PLEASE COMPLETE THE FOLLOWING:

- 1. Read the Vaccine Information Statement *Influenza (Flu) Vaccine* that is attached to the back of the consent. The Intranasal Flu vaccine will not be available this year.**
- 2. Complete the attached School Based Influenza Vaccine Consent Form. Please be sure to answer all the health questions for review by the nurse.**
- 3. Attach a copy of your child's insurance card to the form.**
- 4. Return the signed consent form and copy of insurance card no later than **October 1, 2019**. Do NOT return a consent form if you do not want your child to receive the Flu Vaccine.**
- 5. If for some reason your child is given the flu vaccine by another provider before the school flu clinic takes place, please notify the school so that your child's consent form can be removed.**

If your child is under the age of 9, he or she may need a second dose of the flu vaccine to gain the best protection against the influenza virus. You will be notified if an additional dose of the flu vaccine is needed.

Remember, vaccination is the best way to protect you and your family from influenza. Please take advantage of this opportunity to get your child vaccinated so that your entire family can stay healthy this flu season.

Sincerely,

Baldwin County Health Department



School Based Influenza Vaccine Consent Form

County Health Department

Section 1: Information about Student to Receive Influenza Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	SCHOOL NAME:	Student ID/Lunch No.:
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)	STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY (Please Circle) Not Hispanic/Latino Hispanic Latino	RACE (Please Circle) African American, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific		PARENT/ LEGAL GUARDIAN'S NAME	
HOME ADDRESS			PARENTAL/ GUARDIAN PHONE NUMBER(S)	
CITY	STATE	ZIP CODE	PARENTAL/ GUARDIAN E-MAIL	
INSURANCE INFORMATION: Do you have insurance that covers vaccines? ☐ Yes / ☐ No Please check health insurance provider below: ☐ Medicaid (Amerigroup, Wellcare, Peach State, Caresource) ☐ Cigna ☐ No Insurance ☐ Peachcare (Amerigroup, Wellcare, Peach State) ☐ United Healthcare ☐ Blue Cross Blue Shield ☐ Coventry ☐ Aetna ☐ Secure Health ☐ other _____ ☐ TriCare			Provide the insurance information for the provider selected & attach a copy of the insurance card to this form Policy Holder Name _____ Policy Holder Date of Birth _____ Group# _____ Member ID # _____	

Section 2: Medical Information: The following questions will help us to determine if this student can receive the influenza vaccine.

*Please circle Yes or No for each question.

1. Has the student received any vaccines in the last four weeks? If yes, please list:	Yes	No
2. When was the student last vaccinated for flu?	DATE: _____	
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)	Yes	No
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)	Yes	No
8. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	Yes	No
9. Is the student or could the student be pregnant?	Yes	No
10. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No
Comments: _____		

Section 3: Consent: If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.

I GIVE CONSENT to the North Central Health District (NCHD) for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines. I have had a chance to ask questions which were answered to my satisfaction. I acknowledge that I have reviewed and understand the Notice of Privacy Practices for NCHD which is available at northcentralhealthdistrict.org or at my local health department. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the influenza vaccine.

Signature of Parent/Legal Guardian: _____ Date: _____

FOR CLINIC USE ONLY

Influenza Vaccines		Date Dose Administered:	Mfg:	Lot #	Exp Date:	VIS Date:	Signature of Nurse: _____ Date: _____
☐ Quadrivalent (IIV4)	IM LA / RA					08/07/15	Entry Clerk Initial: _____
☐ FluMist	intranasal					08/07/15	Date: _____

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/viis

Hojas de Información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/viis

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

1 Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only

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