



2019-20 School Based Influenza
Vaccine Consent Form
Pulaski County Health Department

AEGIS # _____
Clerk Initials: _____

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

STUDENT'S NAME (Last)	(First)	(M.I.)	SCHOOL NAME:	
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)	STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY <i>(Please Circle)</i> Not Hispanic/Latino Hispanic Latino	RACE <i>(Please Circle)</i> 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? <input type="checkbox"/> Yes / <input type="checkbox"/> No Please check health insurance provider below: <input type="checkbox"/> Aetna <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> PeachCare <input type="checkbox"/> Other _____ <input type="checkbox"/> Cigna <input type="checkbox"/> United Healthcare			Provide the insurance information for the provider selected & attach a copy of the insurance card to this form Policy Holder Name _____ 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. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No

Section 3: Consent: *The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. 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 PULASKI COUNTY HEALTH DEPARTMENT 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 and the NOTICE of PRIVACY POLICY FORM. I have had a chance to ask questions which were answered to my satisfaction. 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 intranasal or injectable influenza vaccine.

Signature of Parent/Legal Guardian: _____ **Date:** _____

FOR CLINIC USE ONLY			
Inactivated Influenza Vaccines (IIV) <input type="checkbox"/> Quadrivalent (IIV4) Adm Route: IM LA / RA	LABEL HERE	VIS Date:	Signature of Nurse:
		08/15/19	_____ Date: _____

Newsletter for Parents/Guardians

Dear Parents/Guardians:

This influenza (flu) season we would like to help protect our student body by providing flu vaccines during school hours. The Pulaski County Health Department will be offering flu vaccines in schools. If your child has health insurance, we will bill your insurance provider. The following vaccine will be available:

- ❖ **Inactivated Influenza Vaccine (IIV)**: an influenza vaccine that is given as a shot. Inactivated influenza vaccine will be quadrivalent (QIV).

For more information on the vaccine type above, please see the Vaccine Information Statement (VIS) attached.

Influenza Vaccination Clinic Date and Location:

TBA October 2019
Date

Pulaski County Schools
School Name

If you would like to have your child vaccinated during the above school based flu clinic please:

1. Review the Vaccination Information Statement (VIS).
2. Sign, date, and return the attached Consent Form to Pulaski County Schools before September 23, 2019.

Note: If the consent form is not signed, dated and returned, your child(ren) will not be immunized.

Children up to 9 years of age may need a second dose approximately one month after the first dose. We will provide the second dose during Visit 2.

We thank you in advance for helping to keep our students safe and healthy. If you have any questions about the influenza vaccine, please feel free to contact the school nurse or your health care provider.

Please note that participation and receipt of influenza vaccine through this program is completely voluntary. The health care provider for your child can answer your questions about the influenza virus and will be able to vaccinate your child against seasonal influenza. For additional information please visit the CDC influenza websites at <http://www.cdc.gov/flu/> and <http://www.cdc.gov/flu/parents>.

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

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

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

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

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine



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.

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

5 What if there is a serious problem?

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.
People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

4 Risks of a vaccine reaction

- 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

7 How can I learn more?

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.

6 The National Vaccine Injury Compensation Program