

September 17, 2020

Dear Parents:

Peterson Drug Store will be offering flu shots for students at school on Friday, October 2<sup>nd</sup>! Flu shot information is in a separate attachment in this e-mail. Please note there is no flu mist this year. The shot will be billed to your health insurance and most of the time is covered, but could go towards your deductible. If it is not covered, Peterson Drug Store will bill you \$39.99.

**Please fill out sections 1-4 of the Annual Influenza Vaccine Consent- FLU SHOT form included in this e-mail, only if you want your child to get a flu shot at school.** Please send the completed form back to the high school office by Monday, September 28<sup>th</sup>!

This information is also available on the school's website.

Thank you,

*Lana Sander RN, LSN*

Lana Sander, RN  
Licensed School Nurse

## Annual Influenza Vaccine Consent Form- FLU SHOT

\*\*PLEASE NOTE FLU MIST IS NOT AVAILABLE AT THIS CLINIC. THIS IS FOR THE IM SHOT\*\*

### Section 1: Information about child to receive vaccine (please print):

STUDENT'S NAME (Last)	(First)	(M.I.)	Date of birth	Age	Gender M or F
Parent/legal guardian (Last)	(First)	(M.I.)	School Name	Teacher	Grade
Address	City		State	Zip	
Parent/Guardian's daytime phone					
Doctor's Name (Last, First)		Phone	Address (inc. city and zip)		

### Section 2: Screening for vaccine eligibility:

The following questions will help us know if your child can get the seasonal influenza vaccine. Please mark YES or NO for each question.

	YES	NO
Is your child sick today?		
Does your child have a serious allergy to eggs OR components of vaccines?		
Has your child ever had a serious reaction to a previous dose of flu vaccine?		
Has your child ever had Guillain-Barre Syndrome?		
Does your child have a weak immune system (HIV, cancer, use of steroids)?		

### Section 3: Consent

#### **CONSENT FOR CHILD'S VACCINATION:**

I have read or had explained to me the 2020/2021 Vaccine Information Statement for the seasonal influenza vaccine and understand the risk and benefits. I also understand that Peterson Drug & Gifts and the Mountain Lake Public School will not be held liable.

I GIVE CONSENT to Peterson Drug & Gifts and their staff for my child named at the top of this form to be vaccinated (if this consent form is NOT signed, then your child will not be vaccinated).

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Insurance Information

Medical Assistance \_\_\_\_\_ Blue Plus \_\_\_\_\_ UCARE \_\_\_\_\_ Private \_\_\_\_\_  
 ID# \_\_\_\_\_ Group # \_\_\_\_\_ RX BIN # \_\_\_\_\_ RX PCN # \_\_\_\_\_

### Section 5: Vaccination Record

#### FOR ADMINISTRATIVE USE ONLY

VACCINE	ROUTE	DATE ADMINISTERED	MANUFACTURER	LOT #	ADMINISTRATOR & TITLE

**Please fill out sections 1-4 of this form and return to your child's teacher, only if you want your child to get a flu shot at school.**

## VACCINE INFORMATION STATEMENT

# 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](http://www.immunize.org/vis)

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

## 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](http://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](http://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](http://www.cdc.gov/flu)

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



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26