

Fort Bend ISD - 2019 Flu Shot Vaccine Consent Form (NO COST)

COMPLETE AND RETURN THIS FORM TO SCHOOL OR SIGN UP ONLINE AT schoolfluclinic.com ONLY IF YOU WANT YOUR CHILD TO RECEIVE THIS IN-SCHOOL HEALTHY SCHOOLS SERVICE.



1. Student Information

Please print legibly with a blue or black pen. Every section of this form is required.

Student First Name	Middle Initial	Last Name	Date of Birth (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	Age	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Name of School	Grade/Homeroom	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____			

2. Parent/Guardian Information

Parent/Guardian First Name	Middle Initial	Last Name	Primary Phone Number (_ _ _) _ _ _ - _ _ _ _	Check One: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home Address	City	State	Zip Code	Email Address _____@_____

3. Required Health Insurance Information

By law, you must provide accurate and complete information in order to prevent insurance fraud. There is absolutely NO COST for this service.

Does your child have (check one): Medicaid or Medicaid Managed Care Private Insurance Underinsured No Insurance

Child's Insurance Company	Child's Member ID			
Policy Holder's First Name	Policy Holder's Last Name	Policy Holder's Date of Birth (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	Policy Holder's Relationship to Child	
<input type="checkbox"/> Check ONLY if: Address is the same as Parent/Guardian	Policy Holder's Home Address	Policy Holder's City	Policy Holder's State	Policy Holder's Zip Code

4. Medical Information

(If you have any health questions, please contact your child's pediatrician or call Healthy Schools, LLC at 1-800-566-0596 to speak to a nurse.) If you answer YES to any of these questions, your child cannot receive a flu vaccine at school. Please contact your child's doctor.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your child younger than the age of 4?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of the following conditions apply to your child? <ul style="list-style-type: none"> Allergy to any component of the vaccine including chicken eggs or egg products Had a life-threatening reaction(s) to a flu vaccine in the past Allergy to latex Has had Guillain-Barre syndrome (very rare)

I have received, read, and understand the CDC Vaccine Information Statement for the Inactivated Influenza Vaccine (IIV). I have read these documents and understand the risks and benefits of the vaccine. I give permission to Healthy Schools and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of State Health Services policies. I hereby release Healthy Schools and the school district from any and all liability associated with the administration and potential side effects of the vaccine. I understand that my child and Healthy Schools will be creating a provider-patient relationship. By signing this consent form and signing up for the flu program, I understand that I am also consenting to the CareDox Service Platform Terms of Service (caredox.com/terms), Privacy Policy (caredox.com/protecting-privacy), and to receive email and text messages from CareDox with information about the flu program, access to healthcare services, and health education at the address and/or number provided.

By signing below, you, the authorized parent/guardian, give consent to provide your child listed above with a no-cost, in-school flu vaccine.

Signature of Parent/Guardian X	Printed Name of Parent/Guardian	Today's Date (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
--	---------------------------------	--

AREA FOR OFFICIAL USE ONLY (CDC VIS: Influenza - Inactivated 08/07/2015)

Did Not Vaccinate (DNV)

This child does not have a moderate or severe acute illness with or without fever on the day of vaccination.

Route/Location: IM Deltoid <input type="checkbox"/> LUA <input type="checkbox"/> RUA	Vaccine: Quadrivalent IIV, 0.5 mL <input type="checkbox"/> Sanofi Pasteur Fluzone® <input type="checkbox"/> Seqirus Flucelvax®	Expiration Date (mm/dd/yyyy) _ _ / _ _ / 2020	
Lot Number	Vaccine Type: <input type="checkbox"/> NVFC <input type="checkbox"/> VFC	Date Dose Administered (mm/dd/yyyy) _ _ / _ _ / 20_ _	
Signature of Administering Nurse X	Nurse First Name	Nurse Last Name	Nurse Credentials: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> LVN

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/vs.
Hayas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Vase www.immunize.org/vs.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and it spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu 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.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.



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

There is no live flu virus in flu shots. **They cannot cause the flu.**

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. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at www.cdc.gov/flu

Vaccine Information Statement

Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



Office Use Only