



NEW HANOVER COUNTY

PUBLIC HEALTH

1650 Greenfield Street, Wilmington, NC 28401
P: (910) 798-3500 | F: (910) 798-7834 | NHCgov.com

Phillip E. Tarte, MHA, Director

Dear Parent/Guardian:

The New Hanover County Health Department will be offering in-school flu vaccines to all Middle and High School students in January. The vaccine will be administered by Health Department and school nurses to those with written parental permission and to those who do not have medical issues that would prevent them from receiving the flu vaccine. Only preservative-free vaccine will be administered. The vaccine will be administered on a scheduled date at your child's school and there will be no make-up dates.

The flu virus can cause serious illness, especially among children and adolescents. The single best way to help prevent the flu is by getting a flu vaccine each year. The Centers for Disease Control and Prevention and members of our local medical community recommend that all children be vaccinated against the flu. Our goal is to prevent students from being sick with the flu and missing unnecessary days from school, as well as keeping our community healthy.

If you are interested in this opportunity to protect your child, please:

- Complete the attached In-School Vaccination Authorization form including your child's insurance information
- Return it to your child's homeroom teacher by **January 15, 2021**.

We are unable to vaccinate anyone without completed paperwork including insurance information. The flu vaccine will be billed to insurance if you have it. The vaccine will be free for those students without insurance.

The date of vaccinations at your child's school is yet to be determined. This is why it is very important to turn in your completed forms by January 15, 2021. The clinic date will be determined based on the number of authorization forms received.

Included in this packet is the In-School Vaccination Authorization form along with the Vaccine Information Statement (VIS) related to the influenza vaccine.

Thank you for allowing us to assist you in protecting your child against the flu.

Sincerely,

New Hanover County Health Department



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VACCINATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN ONLY

Child's Full Name:		Sex:	Race:
Child's Social Security Number (last four numbers):	Date of Birth:	Phone Number:	
Address:			
City:	State:	ZIP Code:	
Parent / Legal Guardian's Name:		Mother's Maiden Name (Last, First):	

Please answer the following questions by checking the appropriate answer:

- YES NO Has your child ever experienced an allergic reaction after receiving a dose of flu vaccine?
- YES NO Has your child ever experienced a severe allergic reaction to gelatin, egg or chicken proteins?
- YES NO Has your child ever experienced Guillain-Barre syndrome after receiving a flu vaccination or have a history of it?

PERMISSION TO VACCINATE CHILD (Please Sign and Date)

I give permission for the above child to receive the vaccine being provided by the New Hanover County Health Department in county schools. I have received and read the appropriate Vaccine Information Statement. I understand that I may access the New Hanover County Health Department Notice of Privacy Practices by visiting <http://health.nhcgov.com/?p=529> and may call 910-798-6500 to contact the privacy officer to obtain a copy or to address any concerns.

Signature: _____

Date: _____

INSURANCE INFORMATION/AUTHORIZATION TO BILL (Please Check All that Apply)

<input type="checkbox"/> Private Insurance Covering immunizations (Complete information below)	<input type="checkbox"/> Medicaid Number:
<input type="checkbox"/> NC Health Choice Number	<input type="checkbox"/> Not Insured – No Medical Coverage
<input type="checkbox"/> Underinsured–Immunizations NOT covered	<input type="checkbox"/> American Indian / Alaskan Native

Insurance Name:	Member Id: (Include 01, 02, 03, etc.)	Group #
Medical Claims Address:	Insurance Phone: ()	
Subscriber Name:	Subscriber Date of Birth:	Subscriber Social Security # if Tricare:

Subscriber Address:

I request payment of authorized 3rd Party Payer (Insurance) and Medicaid benefits made on my behalf to New Hanover County Health Department (NHCHD) for services provided. I authorize any holder of medical information regarding my child to release to the Health Care Financing Administration (HCFA) and its agents any information needed to determine these benefits payable for related services.

I understand that my signature will serve as legal "signature on file" for purposes of filing my Insurance/Medicaid claims and payment of benefits to the NHCHD for services rendered.

Signature: _____

Date: _____

TO BE COMPLETED BY VACCINE ADMINISTRATOR CPT 90686/90471(FluLaval) CPT 90662/90471 (High Dose)

<input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE Vaccine Lot#	Site:	Provider Signature:	Date of Service:	Keyed:
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"Healthy People, Safe Environment, Strong Community"

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.



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

8/15/2019 | 42 U.S.C. § 300aa-26