



School Health Services

2018-2019 School Year

Dear Parent/Guardian,

In partnership with Health Heroes USA, it is our pleasure to offer on-site flu vaccinations to students this year on **February 14, 2019**. Flu clinics will be offered at each school location during school hours. Health Heroes flu vaccination clinics are completely voluntary and are offered to ALL consented students, regardless of their insurance coverage.

Why get a flu vaccine?

The best way to minimize or avoid the spread of flu is to get an annual flu vaccination. Each year the vaccine protects against new strains, therefore, the vaccine should be administered annually.

Who is Health Heroes, Inc.?

At Health Heroes, we specialize in on-site vaccination clinics. Vaccines are provided at **NO COST** to students, parents, schools or local/state government. We bill both Medicaid and private insurance; however, we never bill students or parents for any out-of-pocket expenses or deductibles. Qualifying uninsured students can be given the vaccine, free of charge. Although student participation is voluntary, these vaccinations are recommended to help keep schools healthy and cut down on high absenteeism.

What type vaccines will be given?

IIV-4 injections will be available to all consented children who do not have any contraindications. All vaccines given are preservative-free, mercury-free, Thimerosal-free and administered by state-licensed nurses.

What do you need to do to participate?

If you wish for your child to participate, please **COMPLETELY** fill out and sign a consent form. These forms need to be returned to school as soon as possible to secure a dose for your child.

If you have additional questions or concerns, please contact the School Nurse. You can also find more information at www.healthherousa.com. We hope to see your child in clinic!

Thank you!

Constance Lett
Lead Nurse
334-407-5051

Lynette Fuller
School Nurse
334-407-5052

2019 Flu Vaccine Consent Form

School Name: _____

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - **Please print using ink** (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:									
Gender: Male Female					Birthdate: (mo,day,yr)					Age					Homeroom Teacher / Grade				
Address										Home Phone # () -					Cell Phone # () -				
City					Zip Code					State					Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :				
Email address:																			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Medicaid <input type="checkbox"/>	My child does NOT have health insurance <input type="checkbox"/>	Insurance Company: _____
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Policy Holder's First Name:										Policy Holder's Last Name:									
Member ID:										Policy Holder's Date of Birth: (mo,day,yr)									

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) to the flu vaccine in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had Guillain-Barre' syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your child have an allergy to eggs?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child have a blood disorder such as hemophilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will this be the first time your child has ever received a flu vaccination?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 334-738-4840 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, HNH Immunizations, Inc. & its subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

CDC IIV 08/07/2015
 Number: _____
 FLUCELVAX
 EXP Date: _____
 Date: _____
AREA FOR OFFICIAL ADMINISTRATION USE ONLY

HNH Immunizations Inc.
 326 Prairie St. North
 Union Springs, AL 36089
AL@healthherousa.com
334-738-4840



VACCINE INFORMATION STATEMENT

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

Major Vaccine Information Statements are available in Spanish and French. For more information, visit www.hhs.gov/vaccines.

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 is 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.



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

Office Use Only

08/07/2015

42 U.S.C. § 300aa-26