SANFORD™ HEALTH

A flu vaccine can prevent you from getting sick and protect the people around you. The CDC recommends annual flu vaccines for everyone 6 months and older.

An influenza vaccination clinic for school-age children will be held at the Deuel School District on **WEDNESDAY, OCTOBER 9th, 2024.**

Flu vaccine coverage:

- If your child is covered by health insurance or Medicaid, the vaccination will be submitted to your insurance company. Most insurance plans cover immunizations, however if you are uncertain, please call your plan for benefits and assure Sanford Clear Lake Medical Center is in-network.
- If your child is not covered by insurance, the vaccine will be covered through a federal vaccine program but you will be charged an administration fee.

If you would like your child to receive the vaccine during school, follow the **3 steps** below:

1. Complete and sign the "Influenza Injection Vaccine Minor Consent Form" after reviewing the Influenza "Vaccine Information Statement".
2. Review and sign the "Statement of Financial Responsibility and Release of Information" form.
3. If your child has private insurance or Medicaid, **ATTACH A COPY OF THE CHILD'S INSURANCE CARD (front and back).** If you do not have access to a copier, another option is to email a picture of your insurance card to: **ClearLakeCH@SanfordHealth.org**
   Please be aware that email servers are not always secure and there may be privacy risks related to sending your personal information through email.

Please return the 2 completed forms and a copy of your insurance card to the school by Tuesday, October 8th.

If you would rather be present with your child, vaccinations are available at Sanford Clear Lake Medical Center by calling (605) 874-2555 for an appointment.

Vaccines will be entered into the South Dakota Immunization Information System (SDIIS), which is an automated system to record vaccination records. SDIIS gives you access to your child's immunization record from any participating South Dakota heath care provider. If you choose not to share your child's record, please contact me prior to the clinic. Lastly, if you'd like to review the Notice of Privacy Practices from Sanford Health, please refer to: https://www.sanfordhealth.org/privacy-of-health.

Thank you for your efforts to keep your child healthy. Please contact Tammy Baer, RN at (605) 874-2555 with any questions.

Influenza Injection Vaccine Minor Consent Form

If available,
place patient identification sticker here

Child Name: ______________________________ Date of Birth: ____________________

Does your child have allergies to medications, food, a vaccine component, or latex? ☐ Yes ☐ No

Has your child ever had a serious reaction after receiving a vaccination? ☐ Yes ☐ No

Has your child ever had Guillain-Barre syndrome? ☐ Yes ☐ No

Is the patient to be vaccinated anxious about getting vaccinated today? ☐ Yes ☐ No

If you answered yes to any of the above questions your child will not be able to receive the flu shot at this event. If you would like your child to receive an influenza vaccine, please contact your child's health care provider.

To learn more about the flu shot please visit: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

Parent/Guardian understands and consents to vaccine.

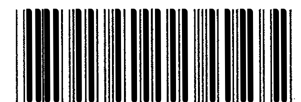
______________________________ ____________ ____________
Signature of person to receive vaccine Date Time

______________________________ ____________ ____________
Signature of Parent/Legal Guardian Date Time

____
Print name of Parent/Legal Guardian

____
Relationship to patient

____
Phone number of Parent/Legal Guardian



Statement of Financial Responsibility and Release of Information

FINANCIAL RESPONSIBILITY

I agree that I am financially responsible for all charges related to services provided by Sanford. If I have questions about my financial responsibility for Sanford's charges, or would like to see a copy of Sanford's Collection Policy; I may contact Sanford's Patient Financial Services.

Further, if I am provided health care services by a health care provider other than Sanford, while a patient within a Sanford facility or entity, I am financially responsible for all charges related to services provided by those health care providers. Sanford's billing statements will not include charges by health care providers who are independent of Sanford.

As a patient, I have given or will give Sanford Health or one of its affiliates my home phone number, mobile phone number, email address, and/or other contact information. By signing below, I agree to be contacted by Sanford Health, its affiliates, and/or a company hired by them using automatic dialing systems, recorded or artificial voice messages, text messages, emails, and/or similar methods. The purpose for these messages may include appointment reminders or other health care messages, patient feedback, surveys, marketing or promotional messages, upcoming events, unpaid balance messages, and/or other business messages.

ASSIGNMENT OF PAYER BENEFITS

I agree Sanford and my attending health care provider will bill and provide necessary health information to any Payers. "Payers" are any health care insurance, private or government health plan or insurance policy that I have or another third party that will pay the charges I have incurred. I agree this necessary health information will include treatment for substance abuse disorders if I receive those type of services. All Payers may make payments directly to Sanford and my attending health care provider. My signature on this form is my authorized signature for the filing of a claim and request for direct payment of benefits by any Payer to Sanford and my attending health care provider. I agree that unless Sanford or my attending health care provider have agreed with the Payer to accept payment from the Payer as full payment, I am responsible to pay any charges not paid by the Payer. These charges can include but are not limited to co-pays, deductibles, co-insurance amounts and charges for non-covered services.

MEDICARE BENEFICIARY REQUEST FOR PAYMENT AND ASSIGNMENT OF BENEFITS

If I am a Medicare beneficiary, I request that payment of authorized Medicare benefits be made on my behalf to Sanford and my attending health care provider for any services furnished me by Sanford and my attending health care provider, including physician services. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits for related services.

ACKNOWLEDGMENT

I have read the information above, and have had the opportunity to ask questions and have them answered to my satisfaction. If I am not the patient identified in the above label or on this form, I represent that I am authorized by law to agree to these conditions on the patient's behalf and am the authorized representative of the patient. A copy of this form is as effective and valid as the original.

Relationship to Patient:

________ I am the Patient ________ I am the Parent/Guardian ________ I am the POA

_______________________________________ __________ __________ a.m./p.m.

Signature of Patient or Authorized Person Date Time

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

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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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