

2018-2019 NO-COST Flu Shot (IIV*) Vaccine Consent Form



Complete this form and return it to your child's school, or sign up online at **register.browardflu.com**

PLEASE PRINT LEGIBLY WITH A BLUE OR BLACK PEN. EVERY SECTION OF THIS FORM IS REQUIRED.

Student Information											
Last Name	First Name, Middle Initial					Name of School		Grade		Homero	om
Address City State									Zip Code	ž	
Birth Date (month/date/year) Age Sex Dem			Demog	graphic Information (Circle one):							
White					American Indian/Native Alaskan Black Asian Hispanic Other						
Parent/Guardian Information											
Last Name First Name, Middle Initial				Suffix	Eı	Email Address					
					Home Phone Number						
Relationship to Student Cell Phone Number											
Required Health Insurance Information											
We are required to bill your insurance company for the vaccine. There is NO COST to you. We guarantee you a \$0 copay.											
This program is made possible by parents accurately and honestly reporting their complete insurance information below. Thank you for your participation in this no-cost program.											
Check one: Private Insurance Medicaid (ex: AmeriGroup, Wellcare, Integral)											
☐ No Insurance: I certify that my child is not covered by any health insurance											
Insurance Company Member ID											
Policy Holder's Name Policy Holder's Date of Birth											
Medical Information Check One											
Is your child 4 years or older?										☐ Yes	□ No
Do any of the following apply to your child? (If you answer YES, your child cannot receive a Flu Vaccine at school, please contact your child's doctor)									□ Yes	□ No	
 Allergy to chicken eggs or egg products Life threatening reaction(s) to flu vaccine in the past Has had Guillain-Barre syndrome (very rare) 											
Do any of the below apply to your child?									☐ Yes	□No	
Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)											
If you have any questions, please contact your child's pediatrician or call Healthy Schools LLC at 1-800-566-0596 to speak to a nurse.											
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 risk and benefits of the IIV 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 Florida Department of Health policies. I hereby release Healthy Schools 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 providing my cell phone I understand that I may be contacted at that number, including text messages, with information regarding Healthy School's services.											
YES, I want my child to receive a no-cost, in-school flu shot.											
Printed Name of Parent/Guardian Signature of Parent/Guardian Date											
AREA FOR OFFICIAL USE ONLY											
VIS CDC IIV	/IS CDC IIV IIVto.5L IM Injection										
LOT Number					Ехріга	ation Date					
RN#					Date		Circ	le One:	RUA	LL	JA

VACCINE INFORMATION STATEMENT

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

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

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Why get vaccinated?

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

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

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

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

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

conditions or a weakened immune system are at pregnant women, and people with certain health young children, people 65 years of age and older, Flu is more dangerous for some people. Infants and

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

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

N flu vaccines Inactivated and recombinant

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

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

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

disease in the upcoming flu season. But even when the changing. Each year a new flu vaccine is made to protect provide some protection. vaccine doesn't exactly match these viruses, it may still against three or four viruses that are likely to cause There are many flu viruses, and they are always

flu that is caused by a virus not covered by the vaccine

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

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

- Flu vaccine cannot prevent:
- illnesses that look like flu but are not.

this vaccine Some people should not get

fell the person who is giving you the vaccine:

If you have any severe, life-threatening allergies contain a small amount of egg protein.

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

If you are not feeling well.

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

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

Risks of a vaccine reaction

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

- Minor problems following a flu shot include: soreness, redness, or swelling where the shot was
- 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.

the following More serious problems following a flu shot can include

- There may be a small increased risk of Guillain-Barré risk has been estimated at 1 or 2 additional cases per Syndrome (GBS) after inactivated flu vaccine. This prevented by flu vaccine. risk of severe complications from flu, which can be million people vaccinated. This is much lower than the
- flu vaccine has ever had a seizure. a seizure caused by fever. Ask your doctor for more at the same time might be slightly more likely to have pneumococcal vaccine (PCV13) and/or DTaP vaccine Young children who get the flu shot along with information. Tell your doctor if a child who is getting

Problems that could happen after any injected

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

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

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

G reaction? What if there is a serious

What should I look for?

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

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

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.
- file this report, or you can do it yourself through the Event Reporting System (VAERS). Your doctor should Reactions should be reported to the Vaccine Adverse 1-800-822-7967 VAERS web site at www.vaers.hhs.gov, or by calling

VAERS does not give medical advice.

တ **Compensation Program** The National Vaccine Injury

certain vaccines. compensate people who may have been injured by (VICP) is a federal program that was created to The National Vaccine Injury Compensation Program

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

How can I learn more?

- the vaccine package insert or suggest other sources of Ask your healthcare provider. He or she can give you
- Contact the Centers for Disease Control and Call your local or state health department.
- Prevention (CDC):
- Visit CDC's website at www.cdc.gov/flu

· Call 1-800-232-4636 (1-800-CDC-INFO) or

Vaccine Information Statement

Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



