



### 2018-2019 Seasonal Flu Shot (IIV\*) Vaccine Consent Form

Sign your child up for a no-cost vaccination offered during school hours.

### You can also sign up online at levyflu.com

PLEASE PRINT LEGIBLY. EVE	RY SECTION O	F THIS FORM	1 IS REQUI	RED.						
Student Information										
Last Name	st Name First Name, Middle Initial			Name of Schoo	Name of School Grade		Home	Homeroom		
Address City State							Zip Co	Zip Code		
Birth Date (month/date/year)  Age		Sex Den Whi		ormation (Circle one): rican Indian/Native Ala	ation (Circle one): Indian/Native Alaskan Black Asian Hisp			anic Other		
Parent Information										
Last Name First Name, M		e, Middle Initial		Email Address	Email Address					
				Home Phone N	Home Phone Number					
Relationship to Student				Cell Phone Nun	Cell Phone Number					
Required Health Insurance	Information									
There is no cost to you. W	e guarantee y	ou a \$0 copa	ay. We are	required to bill y	our insuran	ce company l	for the v	accine.		
Circle one: Private Insura	ance	Medicaid (	(ex: AmeriGro	oup, Wellcare, Integral	)	No Insura	nce			
Insurance Company				Member ID						
Policy Holder's Name Policy Holder's Date of Birth										
			'							
Medical Information							Ch	Check One		
Is your child 4 years or older?							☐ Ye	s 🗆 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)								s 🗆 No		
<ul> <li>Allergy to chicken eggs or egg products</li> <li>Life threatening reaction(s) to flu vaccine in the past</li> <li>Allergy to Latex</li> <li>Has had Guillain-Barre syndrome (very rare)</li> </ul>										
Do any of the below apply to your child?								s □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 health questions, I	please contact you	г child's pediatı	rician or call I	Healthy Schools LLC at	: 1-800-566-059	6 to speak to a n	urse.			
I have received, read, and underst understand the risk and benefits of to communicate with other health hereby release Healthy Schools fr child and Healthy Schools will be of including text messages, with info	of the IIV vaccine. I ncare providers, as om any and all liab creating a provider	give permission needed, and fo ility associated -patient relatio	n to Healthy or data entry, with the adn onship. By pro	Schools and their adm billing and storage acc ninistration and poten	inistrators to gi cording to Flori tial side effects	ve my child the v da Department o of the vaccine. I	accine in n of Health p understan	my absence, olicies. I nd that my		
YES, I want my child to	receive a no-	cost, in-sch	ool flu sho	ot.						
Printed Name of Parent/Guardian		Signature of F	Parent/Guard	ian	Date					
AREA FOR OFFICIAL USE	ONLY									
VIS CDC IIV IIIVt0.5L IM Injection										
LOT Number	Expiration Date									
RN# Date Circ						Circle One:	RUA	LUA		

# VACCINE INFORMATION STATEMENT

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

# 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

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

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 vaccine cannot prevent:

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

## 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. 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

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

# Risks of a vaccine reaction

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

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

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

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

- have vision changes or ringing in the ears. People sometimes faint after a medical procedure, 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
- 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

