

Levy - 2019 Intranasal FluMist® Vaccine Consent Form (NO COST)

COMPLETE AND RETURN THIS FORM TO SCHOOL OR SIGN UP ONLINE AT schoolfluclinic.com
ONLY IF YOU WANT YOUR CHILD TO RECEIVE THIS IN-SCHOOL HEALTHY SCHOOLS SERVICE.



1. Student Information

Please print legibly with a blue or black pen. Every section of this form is required.

Student First Name	Middle Initial	Last Name	Date of Birth (mm/dd/yyyy)	Age	Sex:
			__/__/____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Name of School		Grade/Homeroom	Ethnicity:		
			<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Native Alaskan		
			<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		

2. Parent/Guardian Information

Parent/Guardian First Name	Middle Initial	Last Name	Primary Phone Number	Check One:
			(____) ____ - ____	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Home Address		City	State	Zip Code
		Email Address _____@_____		

3. Required Health Insurance Information

By law, you must provide accurate and complete information in order to prevent insurance fraud. There is absolutely NO COST for this service.

Does your child have (check one): <input type="checkbox"/> Medicaid or Medicaid Managed Care <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance				
Child's Insurance Company			Child's Member ID	
Policy Holder's First Name	Policy Holder's Last Name	Policy Holder's Date of Birth (mm/dd/yyyy)	Policy Holder's Relationship to Child	
		__/__/____		
<input type="checkbox"/> Check ONLY if: Address is the same as Parent/Guardian	Policy Holder's Home Address	Policy Holder's City	Policy Holder's State	Policy Holder's Zip Code

4. Medical Information

(If you have any health questions, please contact your child's pediatrician or call Healthy Schools, LLC at 1-800-566-0596 to speak to a nurse.)
If you answer YES to any of these questions, your child cannot receive a flu vaccine at school. Please contact your child's doctor.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of the following conditions apply to your child?
	<ul style="list-style-type: none">Allergy to any component of the vaccine including gelatin, chicken eggs, or egg productsLife-threatening reaction(s) to flu vaccine in the pastCurrently receiving aspirin or aspirin-containing therapyCurrently has active asthma (regularly taking asthma medication)Has had Guillain-Barre syndrome (very rare)Is pregnant or nursing/breastfeedingHas HIV/AIDS or cancer or has received an organ transplantHas long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle cell disease or thalassemia)Has other severe chronic health conditions
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will your child have close contact with a person with a severely weakened immune system? <i>For 7 days after being vaccinated, children need to avoid contact with people who require protected environments, e.g., bone marrow transplant recipients.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Between Aug. and Dec. 2019, has/will your child receive a measles, mumps and rubella vaccine, a chicken pox vaccine, or a combination of the two?

I have received, read, and understand the CDC Vaccine Information Statement for the Live, Intranasal Influenza Vaccine (LAIV). I have read these documents and understand the risks and benefits of the 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 and the Florida SHOTS IIS 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 signing this consent form and signing up for the flu program, I understand that I am also consenting to the CareDox Service Platform Terms of Service (caredox.com/terms), Privacy Policy (caredox.com/protecting-privacy), and to receive email and text messages from CareDox with information about the flu program, access to healthcare services, and health education at the address and/or number provided.

By signing below, you, the authorized parent/guardian, give consent to provide your child listed above with a no-cost, in-school flu vaccine.

Signature of Parent/Guardian	Printed Name of Parent/Guardian	Today's Date (mm/dd/yyyy)
X		__/__/____

AREA FOR OFFICIAL USE ONLY (CDC VIS: Influenza - Live, Intranasal 08/07/2015)

☐ Did Not Vaccinate (DNV)

☐ This child does not have a moderate or severe acute illness with or without fever on the day of vaccination.

Route/Location:	Vaccine:	Expiration Date (mm/dd/yyyy)
Intranasal (NAS)	FluMist® Quadrivalent (MedImmune), 0.2mL	__/__/2020
Lot Number	Vaccine Type:	Date Dose Administered (mm/dd/yyyy)
	<input type="checkbox"/> NVFC <input type="checkbox"/> VFC	__/__/20__
Signature of Administering Nurse	Nurse First Name	Nurse Last Name
X		
		Nurse Credentials:
		<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> LVN

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.imzmmz.org/vis.
Hoja de información sobre vacunas contra la gripe en español y en muchos otros idiomas. Visite www.imzmmz.org/vis

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 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The **live, attenuated influenza vaccine** (called LAIV) may be given to healthy, non-pregnant people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and **does not cause flu**.

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

Flu vaccine cannot prevent:

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

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:

- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)

Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:

- are not feeling well. The vaccine could be delayed until you feel better.
- have gotten any other vaccines in the past 4 weeks.
- Live vaccines given too close together might not work as well.

- have taken influenza antiviral medication in the past 48 hours.
- have a very stuffy nose.

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 LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

- *Children and adolescents 2-17 years of age:*
- runny nose/nasal congestion
- cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain, vomiting, or diarrhea
- *Adults 18-49 years of age:*
- runny nose/nasal congestion
- sore throat
- cough
- chills
- tiredness/weakness
- headache

Problems that could happen after any vaccine:

- 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 small 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 Live Attenuated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

