



Dear Parent/Guardian:

The Houston County Health Department is partnering with the Houston County Board of Education to provide a flu vaccination program to children at school at no out-of-pocket expense to you. Every year many children are infected by the influenza virus, causing serious illness and missed days of school. Also, an infected child can spread the flu to other members of the family. Vaccination is the best way to protect your child from this potentially serious disease.

**TO SIGN YOUR CHILD UP FOR A FLU VACCINE:**

1. **Read the Vaccine Information Statement *Influenza (Flu) Vaccine (Inactivated or Recombinant)*: What you need to know** to learn more about the flu vaccine. The information statement is attached to the consent form.  
*The Influenza (Flu) Vaccine (mist, live, Intranasal) will not be available this year.*
2. **Complete the attached School Based Influenza Vaccine Consent Form.** Please be sure to answer all of the health questions for the nurses to review. Students with incomplete consent forms will not be able to receive the flu vaccine at the school clinic.
3. **Return the consent form to the school before the flu clinic date scheduled for your school.**
4. **If your child is covered by ANY insurance plan, please indicate the name, group number, and policy number on the consent form. Please attach a copy of your insurance card to the consent form if your child will be receiving the vaccine.** This information is for administrative purposes at the Houston County Health Department. The following companies: Blue Cross Blue Shield, Cigna, Aetna, Coventry/Mailhandler's, United Healthcare (SHBP only), Tricare and Medicaid (Peachstate, Wellcare, CareSource Amerigroup) will be billed for the vaccine administration. PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THEIR CONSENT FORM
5. **If for some reason your child is given the flu vaccine by another provider before the school flu date, please notify the school so that your child's consent form can be removed.**

**\*\* A child with a severe allergy to eggs or latex will not be able to receive the vaccine in the school clinic.\*\***

If your child is under the age of 9, he or she may need a second dose of the flu vaccine to gain the best protection against the influenza virus. You will be notified if an additional dose of the flu vaccine is needed.

For your convenience, a copy of the school flu clinic is located on the back of this form.

If you have any questions, please contact the Health Related Services department at 478-218-4618.

## Flu Vaccine Schedule 2020-2021



Elementary Schools	Date	Time
Lindsey Elementary/Elam @ LES	Oct. 30	9:00 a.m. - 11:00 a.m.
David Perdue Primary	Nov. 2	9:00 a.m. - 11:00 a.m.
David Perdue Elementary	Nov. 2	1:00 p.m. - 3:00 p.m.
Pearl Stephens Elementary	Nov. 3	9:00 a.m. - 11:00 a.m.
C.B. Watson Primary	Nov. 3	1:00 p.m. - 3:00 p.m.
Matt Arthur Elementary	Nov. 4	9:00 a.m. - 11:00 a.m.
Bonaire Elementary	Nov. 4	1:00 p.m. - 3:00 p.m.
Parkwood Elementary	Nov. 5	9:00 a.m. - 11:00 a.m.
Westside Elementary	Nov. 5	1:00 p.m. - 3:00 p.m.
Quail Run Elementary	Nov. 6	9:00 a.m. - 11:00 a.m.
Northside Elementary	Nov. 6	1:00 p.m. - 3:00 p.m.
Hilltop Elementary	Nov. 9	9:00 a.m. - 11:00 a.m.
Russell Elementary	Nov. 9	1:00 p.m. - 3:00 p.m.
Shirley Hills Elementary	Nov. 10	9:00 a.m. - 11:00 a.m.
Miller Elementary	Nov. 10	1:00 p.m. - 3:00 p.m.
Eagle Springs Elementary	Nov. 12	9:00 a.m. - 11:00 a.m.
Centerville Elementary	Nov. 12	1:00 p.m. - 3:00 p.m.
Langston Road Elementary	Nov. 13	9:00 a.m. - 11:00 a.m.
Kings Chapel Elementary	Nov. 13	1:00 p.m. - 3:00 p.m.
Morningside Elementary	Nov. 16	9:00 a.m. - 11:00 a.m.
Tucker Elementary	Nov. 16	1:00 p.m. - 3:00 p.m.
Lake Joy Elementary	Nov. 17	9:00 a.m. - 11:00 a.m.
Lake Joy Primary	Nov. 17	1:00 p.m. - 3:00 p.m.-
Bonaire Primary	Nov. 19	9:00 a.m. - 11:00 a.m.

Middle Schools	Date	Time
Perry Middle	Oct. 26	9:00 a.m. - 11:00 a.m.
Mossy Creek Middle	Oct. 26	12:30 p.m. - 2:30 p.m.
Thomson Middle	Oct. 27	9:00 a.m. - 11:00 a.m.
Northside Middle	Oct. 27	12:30 p.m. - 2:30 p.m.
Feagin Mill Middle	Oct. 28	9:00 a.m. - 11:00 a.m.
Warner Robins Middle	Oct. 28	12:30 p.m. - 2:30 p.m.
HC Career Academy/ <i>Staff Only</i>	Oct. 28	12:30 p.m. - 2:30 p.m.
Bonaire Middle	Oct. 29	9:00 a.m. - 11:00 a.m.
Huntington Middle	Oct. 29	12:30 p.m. - 2:30 p.m.
HC WIN Academy/ Transition Academy	Oct. 30	12:30 p.m. - 2:30 p.m.

High Schools	Date	Time
Perry High/ <i>Central Office</i>	Nov. 16	10:30 a.m. - 12:30 p.m.
Veterans High	Nov. 17	10:30 a.m. - 1:00 p.m.
Northside High	Nov. 17	11:00 a.m. - 1:00 p.m.
Houston County High	Nov. 18	11:00 a.m. - 1:00 p.m.
Warner Robins High	Nov. 18	11:00 a.m. - 1:00 p.m.





# 2020-21 School Based Influenza Vaccine Consent Form

## Houston County Health Department

### Section 1: Information about Student to Receive Influenza Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	SCHOOL NAME:	Student ID/Lunch No.:
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)	STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY (Please Circle) Not Hispanic/Latino    Hispanic Latino	RACE (Please Circle) African American, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific		PARENT/ LEGAL GUARDIAN'S NAME	
HOME ADDRESS			PARENTAL/ GUARDIAN PHONE NUMBER(S)	
CITY	STATE	ZIP CODE	PARENTAL/ GUARDIAN E-MAIL	
<b>INSURANCE INFORMATION: Do you have insurance that covers vaccines?</b> <input type="checkbox"/> Yes / <input type="checkbox"/> No <b>Please check health insurance provider below:</b> <input type="checkbox"/> Medicaid (Amerigroup, Wellcare, Peach State, Caresource) <input type="checkbox"/> Cigna <input type="checkbox"/> No Insurance <input type="checkbox"/> Peachcare (Amerigroup, Wellcare, Peach State) <input type="checkbox"/> United Healthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Coventry <input type="checkbox"/> Aetna <input type="checkbox"/> Secure Health <input type="checkbox"/> other _____ <input type="checkbox"/> TriCare			<b>Provide the insurance information for the provider selected &amp; attach a copy of the insurance card to this form</b> Policy Holder Name _____ Policy Holder Date of Birth _____ Group# _____ Member ID # _____	

### Section 2: Medical Information: The following questions will help us to determine if this student can receive the influenza vaccine.

\*Please circle Yes or No for each question.

1. Has the student received any vaccines in the last four weeks? If yes, please list:	Yes	No
2. When was the student last vaccinated for flu?	DATE: _____	
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)	Yes	No
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)	Yes	No
8. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	Yes	No
9. Is the student or could the student be pregnant?	Yes	No
10. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No
Comments: _____		

### Section 3: Consent: If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.

**I GIVE CONSENT** to the North Central Health District (NCHD) for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines. I have had a chance to ask questions which were answered to my satisfaction. I acknowledge that I have reviewed and understand the Notice of Privacy Practices for NCHD which is available at northcentralhealthdistrict.org or at my local health department. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the influenza vaccine.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR CLINIC USE ONLY

Influenza Vaccines	Date Dose Administered:	Mfg:	Lot #	Exp Date:	VIS Date:	Signature of Nurse:
<input type="checkbox"/> Quadrivalent (IIV4)	IM    LA / RA				08/15/19	_____
<input type="checkbox"/> FluMist	intranasal				08/15/19	_____
						<b>Entry Clerk Initial:</b> _____ <b>Date:</b> _____

## 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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 of age and older, pregnant women, 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 three or four viruses that are 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 vaccine 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 to a future visit.

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.

## 4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- 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 [www.cdc.gov/flu](http://www.cdc.gov/flu)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

Vaccine Information Statement (Interim) |  
**Inactivated Influenza  
Vaccine**



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8/15/2019 | 42 U.S.C. § 300aa-26



## VACCINE INFORMATION STATEMENT

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

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## 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 of age and older, pregnant women, 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.

Each 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 Live, attenuated influenza vaccine

CDC recommends everyone 6 months of age 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.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

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 three or four viruses that are 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 vaccine provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age.
- Is **pregnant**.
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Is a **child or adolescent 2 through 17 years of age** who is receiving aspirin or aspirin-containing products.
- Has a **weakened immune system**.
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months.
- Has **taken influenza antiviral medication** in the previous 48 hours.
- **Cares for severely immunocompromised persons** who require a protected environment.
- Is **5 years or older and has asthma**.
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders**).
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine.



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Control and Prevention

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated 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.

## 4 Risks of a vaccine reaction

- Runny nose or nasal congestion, wheezing and headache can happen after LAIV.
- Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

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

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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Vaccine Information Statement (Interim)

# Live Attenuated Influenza Vaccine



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