Thank you.

Completion and Insurance/Medicaid

To verify

Forms the week of Oct 9th in order

Completed

The Health Department will pick up

October 5, 2012

By

Returned to the school

Please have completed forms
If you have any questions about the School Flu Campaign, please contact your local Health Department.

When to Give the Seasonal Influenza Vaccine:

- For additional information please visit the CDC’s Influenza webpage at: www.cdc.gov/flu.

Please understand that participation and receipt of the influenza vaccine through this program is completely voluntary. Your child’s health care provider can also answer your questions regarding the influenza virus and may be available to give your child the seasonal influenza vaccine.

Regarding the flu vaccine:

If you have any questions, please do not hesitate to contact the school nurse, your local Health Department, or your healthcare provider.

We would like to thank you in advance for assisting us in keeping all of our students safe and healthy. If you have any questions, please do not hesitate to contact the school nurse, your local Health Department, or your healthcare provider.

Second dose, we will send home another consent form for you to complete and sign.

The choice of the vaccine will depend on the answer to your child’s health questions on the consent form attached.

If the consent form is not signed, dated, and returned, your child will not be vaccinated.

Please return the signed and dated parental consent form to your child’s school.

V15 To both Types of Vaccine (Influenza/Influenza)

Read the enclosed information materials including the Vaccine Information Statements.

If you would like your child to get vaccinated at an outside clinic, please:

************************************************************

 insurer covered vaccinations. Your insurance provider will be contacted.

This season we would like to help protect our student body from the flu by providing flu vaccinations during school

Dear Parents/Guardians:

School Flu Campaign Newsletter

Southeast Health District
1. Live, attenuated influenza vaccine (LAIV) compared to the flu shot:

- Live, attenuated influenza vaccine (LAIV) may be offered to you for:
  - Children or adolescents on an optional basis (parent or guardian permission required).
  - Those without complications or underlying medical conditions.
  - Those with severe mental or neurodevelopmental disabilities.
  - Those with severe cognitive disabilities.
  - Those with severe multiple disabilities.
  - Those with severe neurodevelopmental disabilities.
  - Those with severe mental health conditions.
  - Those with severe learning disabilities.
  - Those with severe behavior disorders.
  - Those with severe emotional disorders.
  - Those with severe physical disabilities.
  - Those with severe physical health conditions.
  - Those with severe medical conditions.

2. Inactivated (killed) influenza vaccine, the "flu shot":

- Inactivated (killed) influenza vaccine is always recommended for everyone, especially for:
  - Those with underlying medical conditions.
  - Those with chronic health conditions.
  - Those with compromised immune systems.
  - Those with asthma.
  - Those with diabetes.
  - Those with heart disease.
  - Those with lung disease.
  - Those with certain types of cancer.
  - Those with certain types of immune disorders.
  - Those with certain types of medications.
  - Those with certain types of medical conditions.
  - Those with certain types of respiratory conditions.
  - Those with certain types of special needs.
  - Those with certain types of transplant.

3. Who can receive LAIV?

- LAIV does not contain inactivated or other preservatives.
- It is given up to 2 weeks before the flu season.
- LAIV is more likely to cause the flu illness than the flu shot.
- LAIV is not recommended for people with:
  - Heart disease.
  - Lung disease.
  - Kidney disease.
  - Diabetes.
  - High cholesterol.
  - Blood clotting disorders.
  - Influenza vaccination.
  - Vaccination history.

4. Some people should not receive LAIV:

- LAIV should not be given to:
  - People with a history of Guillain-Barré syndrome.
  - People with a history of life-threatening reactions to eggs.
  - People with a history of severe allergic reactions to vaccines.
  - People with a history of severe allergic reactions to any of the ingredients in LAIV.

5. Why get vaccinated?

- LAIV provides protection against influenza for up to 1 year.
- It is given up to 2 weeks before the flu season.
- LAIV is more likely to cause the flu illness than the flu shot.
- LAIV is not recommended for people with:
  - Heart disease.
  - Lung disease.
  - Kidney disease.
  - Diabetes.
  - High cholesterol.
  - Blood clotting disorders.
  - Influenza vaccination.
  - Vaccination history.

6. Vaccine Information Statement

- 2012 - 2013

*Disclaimer: This information is intended for educational purposes only and should not be used as a substitute for professional medical advice.*
Influenza Vaccine

**Why You Need to Know**

Influenza vaccine is a vaccine against influenza.

**Vaccine Information Statement**

2012 - 2013
The Health Department is required to:

1. Receive a paper copy of this notice of information practices upon request.
2. To inspect and receive a copy of your health record.
3. To amend your health record.
4. To receive an accounting of disclosures of your health information.
5. To request a statement on certain uses and disclosures of your information.
6. To request a statement of your health information by other means or other locations.
7. To receive your information in a reasonable time and manner.
8. To request a copy of your health information, by other means or other locations.
9. To receive a statement that your health information is used as requested.
10. To receive a copy of your health information from your doctor or provider.

Although your health record is the property of the health department, the information below is to you. You have the following rights:

Understand Your Health Record Information

- 1. What is the purpose of your health record?
- 2. How is your health record protected?
- 3. What is the role of the health information officer?
- 4. What is a secondary use of your health record?
- 5. What is a medical decision?
- 6. What is the role of the health information officer?
- 7. What is the role of the health information officer?
- 8. What is the role of the health information officer?
- 9. What is the role of the health information officer?
- 10. What is the role of the health information officer?

Please Review it Carefully

This Notice of Health Information Practices Describes How Information About You May Be Used and Disclosed and How You Can Get Access To This Information.

Bullough County Health Department, 1 West Alman Street, St. Alban's, CT 06330. Phone: 912-744-3800

Notice of Privacy Policies for Bullough Board of Health
Section 1: Consent to Vaccinate

Date: __________________________

I, the undersigned parent or legal guardian of the student listed above, do hereby consent to the administration of influenza vaccine to the student identified above without regard to any personal beliefs concerning the causation of disease or growth of harmful bacteria at the school and in accordance with the rules of the school district.

Signature of Parent/Legal Guardian: __________________________

Date: __________________________

Section 2: Medical Information

4. Does the student have a current medical condition that may affect the ability to receive the influenza vaccine?

5. Is the student current on other vaccinations?

6. Does the student have any other medical conditions that may affect the ability to receive the influenza vaccine?

7. Does the student have a history of allergies or reactions to medications?

8. Does the student have any other conditions that may affect the ability to receive the influenza vaccine?

Section 3: Consent to Vaccinate

Date: __________________________

I, the undersigned parent or legal guardian of the student listed above, do hereby consent to the administration of influenza vaccine to the student identified above without regard to any personal beliefs concerning the causation of disease or growth of harmful bacteria at the school and in accordance with the rules of the school district.

Signature of Parent/Legal Guardian: __________________________

Date: __________________________