

10/5/21

Dear Parents/Guardians,

Grant County Health Department is offering influenza vaccine at your child's school on **TUESDAY, OCTOBER 19th**. The influenza vaccine is free for children 18 and under. Note that only injectable influenza ("flu shots") will be offered. If you do not want your child to receive the influenza vaccine, do not return the consent form to school.

In order to have your child receive the influenza vaccine at school, please do the following:

1. Read the attached Vaccine Information Statement
2. Fill out the consent form for your child and return it to school by Monday, October 18th.

(If your child is 9 years or under and has never had influenza vaccine before, they need two doses of influenza vaccine. The health department will only come to the school once, so if your child needs a 2nd dose - please contact the health department or your child's primary care provider. There must be 4 weeks between the first and second dose.)

If you have any questions about the influenza vaccine or this clinic, please call Grant County Health Department at 608-723-6416. Information is also available on the county website at www.co.grant.wi.gov.

Thank you,

Grant County Health Department
Suzanne Brinkman, School Nurse

Do NOT return if you don't want your child to get vaccinated.

GRANT COUNTY HEALTH DEPT - 2021-22 INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for receipt of 2021-22 influenza vaccine. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers already directly involved with the vaccinated person's care.

School	Grade/Teacher
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PLEASE PRINT: (Last, First, Middle Initial)				<input type="checkbox"/> <input type="checkbox"/>	
CHILD'S NAME:				Male Female	
Birthdate		Age	Parent/Guardian Name:		
Month Day Year					
Street Address:			State	County	Telephone Number:
			WI		
City			Zip Code	Grant	Email Address:

All students will receive injectable vaccine. If you have questions or concerns, feel free to call the Grant County Health Department at (608) 723-6416.

Fill out form about person receiving vaccine.

YES	NO	1. Has the person had a serious reaction to a vaccine in the past?
YES	NO	2. Does the person have any of the following (heart disease, lung disease, asthma, kidney or liver disease or diabetes)?
YES	NO	3. Does the person receive long-term aspirin treatment?
YES	NO	4. Does the person have a serious allergy to eggs?
YES	NO	5. Has the person had a seizure or brain problem?
YES	NO	6. Is the person pregnant?
YES	NO	7. Does the person have a weakened immune system or live with someone whose immune system is so weak they receive care in a protected environment (i.e. bone marrow transplant unit)?
YES	NO	8. Has the person had any vaccinations in the last 4 weeks. (If yes, list vaccines _____)

CONSENT FOR VACCINATION:

-I have received, read, or have had explained to me, the Vaccine Information Statement for influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and the risks of the vaccine requested and ask that the vaccine be given to the person named above for whom I am authorized to make this request. I consent to have my protected health information used for treatment, payment, and health care operations. Information may be shared through the WIR (Wisconsin Immunization Registry).

-Wisconsin Medicaid restricts billing recipients for any covered service(s). I understand that if I am a Medicaid/BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of any vaccine that is being provided.

-I give permission to share my child's immunization records including those provided to School(s) with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. Check here if you do NOT want your child's immunization recorded in WIR

Signature of Parent/Guardian: _____ Date _____

OFFICE USE ONLY:

INJECTABLE		24BM2	Right Deltoid
<input checked="" type="checkbox"/> GSK Flulaval Quadrivalent P-Free Expires 6/30/2022			IM
			VIS: (8/06/21)
Date Vaccinated:		Signature & Title of Vaccine Administrator:	
		Registered Nurse	

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated 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.



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

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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 or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.

