



Dear Parent/Guardian,

Influenza, also known as the flu, is a serious illness that affects people of all ages. **Last year was a bad flu season.** Many people got very sick or died. One of the best ways to prevent the flu is through vaccinations. Once again, we will work with the Maryland Partnership for Prevention (MPP), the state's immunization coalition, to offer flu vaccinations at your child's school.

The clinic at your child's school will be held in October. We will send a notice home the day he/she has been vaccinated. If you want your child to receive a flu vaccination, fill out the hard copy consent OR the online consent. Do NOT fill out both.

### **ONLINE CONSENT FORM INSTRUCTIONS**

1. Fill out the **online consent** form at <u>www.vaccineconsent.com</u>. This is a **secure**, **private site**.

### OR

#### PAPER CONSENT FORM INSTRUCTIONS

- 1. Read the Vaccine Information Statement, which can be found at <u>https://tinyurl.com/HoCoFluVis</u> or in your school nurse's office.
- 2. Fill out and return the form that is on the other side of this letter. Be sure to:
  - Fill out every section. Write neatly and use ink.
  - Use your insurance card to <u>fill out your insurance information accurately</u>. Your insurance company will be billed. There is no co-pay or deductible. **You will NOT be charged** by us or your insurance company.
  - Return the consent form **no later than September 21**.

We hope you will join our fight against the flu. Vaccinating your child will help keep him/her healthy and prevent the spread of flu to others. It also will cut down on missed time from work and school. We look forward to preventing the flu with you!

Sincerely,

Maryland Partnership for Prevention & Howard County Public School System

Turn over for consent form



### Howard County Public Schools Consent Form for SY 2018-19 INJECTABLE Flu Clinic

	Please Print Clearly in Ink						
Γ	Student's LAST Name	Student's FIRST Name	M.I.	Student's Birthdate	Age	Sex	Grade
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is section	Parent/Guardian LAST Name	Parent/Guardian FIRST Name	M.I.	Cell/Daytime Phone			
Fill out this	Address		Email Address				
Ë	City	ZIP Code		School Name		Teacher/Ho	meroom

	HEALTH INSURANCE INFORMATION – PLEASE FILL OUT COMPLETELY AND ACCURATELY																		
	Please copy this information from YOUR INSURANCE CARD. We will bill your insurance. You will NOT be charged a co-pay or a deductible.																		
Type of Insurance:Image: Private Insurance or Medical AssistanceImage: My child does not have health insu (Your child will not be turned away because)Type of Insurance:Image: Private Insurance or Medical AssistanceImage: My child does not have health insu (Your child will not be turned away because)												ance)							
	Insurance Company Name	Mem	iber ID	) Num	ber (w	rite in b	oxes bel	ow)											
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-III-	FOR PRIVATE INSURANCE ONLY. Policy Holder's/Insured Adult's Name		Relatio	onship t	o Stude	ent	Insured	l Adult	's Birth	date	An	y Othe	r # from	Insura	ance Card				

			er YES to any question, your child might not be vaccinated.)						
Yes	No		Yes	No					
		Has had a serious reaction to a vaccine in the past?			Has had Guillain-Barre syndrome?				
		Has a serious allergy to eggs?			Has an allergy to a component in flu vaccine? If "yes", explain:				
	J								

If your child is under 9 years old and has not had a flu vaccination before, she/he may need a second flu vaccination this year. Please check with your health care provider to see if your child needs a second "dose" of the vaccine.

If you have any questions about flu vaccine, please contact your child's doctor or the health department or go to www.flu.gov.

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOUR CI	HILD TO BE VACCINATED							
By signing this form, I give permission for my child to be vaccinated, my insurance company to be billed, and vaccine entered into ImmuNet, Maryland's								
immunization registry. Further, I agree that:								
(1) The information above is correct; (2) I have read the current Vaccine Information Statement or someone has read it to me;								
(3) I understand the risks and benefits of getting the vaccine I have consented for my child to receive; and								
(4) Any questions I had about the vaccine(s) have been answered.								
	¥							
Signature of Parent/Legal Guardian	Date:///							

FOR OFFICE USE ONLY										
Date of Administration / VIS Given	Vaccine	Vaccine Manufacturer	Lot Number	PRINT Name of Vaccine Administrator						

### **VACCINE INFORMATION STATEMENT**

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

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### 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 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available. 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

There is no live flu virus in flu shots. They cannot cause the flu.

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. 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.

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# Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS).

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

• If you are not feeling well.

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



## 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 a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

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

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

# Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- 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 remote 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.

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### 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.

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 Inactivated Influenza Vaccine

08/07/2015



42 U.S.C. § 300aa-26