



Date: October 2019

Dear Parent,

The Pierce County Public Health Department will again be providing flu clinics for school-aged children this fall as part of an emergency preparedness exercise. The vaccine will be provided at **no cost to all students** regardless of insurance status.

The CDC recommends a yearly flu vaccination for everyone 6 months of age and older as the first and most important step in protecting against this serious disease. During the 2018-2019 flu season in Wisconsin, there were 114 children hospitalized and 4 children died from the flu.

In addition to getting a seasonal flu vaccine, you can take every day preventative measures like staying away from sick people and washing your hands to reduce the spread of germs. If you or your child are sick with flu, stay home from work or school to prevent spreading flu to others.

River Falls School Flu Clinic Information

Date: Tuesday October 15

Time: During school day

Location: River Falls Schools

We will be going to each school during the school day.

If you would like your child to receive the vaccine, a permission slip must be filled out by a **parent/legal guardian** unless the student is a legal adult. The parent does not need to be present at the clinic if the child brings in a signed permission form. Permission forms and vaccine information sheets are posted on the school website and are available at the school offices.

If you have any questions about the vaccine or the vaccination clinics, please call: 715-273-6755 from 8:00 AM to 4:30 PM. Please visit the CDC's influenza web site at <http://www.cdc.gov/flu/> and also <http://www.cdc.gov/flu/parents> for information especially for parents. Your child's health care provider also can answer your questions about the flu virus and will be able to give your child the seasonal flu vaccine.

Sincerely,

Pierce County Public Health Staff



TALK TO US

Phone: 715-273-6755

Fax: 715-273-6854

www.co.pierce.wi.us

VISIT US

412 W Kinne St

Ellsworth, WI 54011

OUR MISSION

To promote healthy behaviors, prevent disease and injury, and protect against environmental hazards

Influenza Vaccine Child Consent Form 2019-2020

Section 1: Information about Child to Receive Vaccine (please print)

| | | | | |
|-------------------------------------|--------------|--------|--|----------------------------|
| CHILD'S NAME (Last) | (First) | (M.I.) | CHILD'S DATE OF BIRTH | |
| | | | month | day |
| PARENT/LEGAL GUARDIAN'S NAME (Last) | (First) | (M.I.) | CHILD'S AGE | CHILD'S GENDER M F |
| ADDRESS | PHONE NUMBER | | ▶ Insurance/Eligibility Status—Check all that apply ◀ <input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Insured, Vaccines Not Covered <input type="checkbox"/> Badger Care <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid Eligible <input type="checkbox"/> Native American | |
| CITY | STATE | ZIP | | |
| Primary Medical Provider: | | | | |

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. Please mark YES or NO for each question.

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does your child have a serious allergy to eggs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have any other serious allergies? Please list: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the Influenza Vaccine Information Statement (8/15/2019) and I understand the risks and benefits.

I GIVE CONSENT to the Pierce County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine and (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) vaccine information be entered into WIR.

Signature of Parent/Legal Guardian _____ Date: _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

| Vaccine | Date Dose Administered | Route | Site | Dose # (1st or 2nd) | Vaccine Manufacturer | Lot Number |
|---|-------------------------|-------|---------|------------------------|-------------------------|------------------------------|
| Influenza | 10/1/2019 10/24/2019 | IM | LV RV | 1 st Dose | Sanofi Pasteur | Fluzone Quad: UJ231AB |
| | 10/15/2019 10/29/2019 | | | | | |
| | 10/16/2019 10/17/2019 | | LD RD | 2 nd Dose | GSK | FluLaval Quad: MB9YJ 37ZJ5 |
| | 10/22/2019 10/30/2019 | | | | | |
| | 10/23/2019 11/4/2019 | | | | | |
| Other: ____/____/2019 | | | | | Other: _____ | |
| Signature and Title of Vaccine Administrator: | | | | | | |