

INFLUENZA (FLU) VACCINE CONSENT

Dear Parent or Guardian:

Ryan Health's School Based Health Program is pleased to be able to offer the seasonal influenza (flu) vaccine to any student who is registered with the School Based Health Center. We will start to administer the flu vaccine as soon as we receive the vaccine supply. Your child will bring home a note stating which vaccine (shot or intranasal) they received on the day it is given. If your child receives the flu vaccine elsewhere prior to being given at the School Based Health Center, please notify us immediately so that we do not give them an extra influenza vaccine. If you would prefer to be present during vaccination, you may call the clinic and schedule an appointment.

What parents need to know:

The flu vaccine is updated every year to combat the different strains of the flu virus that research indicates are most likely to cause illness during the coming season. The ACIP recommends that everyone over 6 months old receive the seasonal influenza vaccine to prevent serious illness. The influenza vaccine consists of a series of one or two shots, depending on your child's age and previous vaccination history against the flu. Children under age 9 should receive 2 vaccines, 4 weeks apart, if they have never received the seasonal flu vaccine before. Children age 9 and older and children who have previously received two doses of influenza vaccine will only need one dose of the seasonal flu vaccine.

We have both the intranasal (nose) and injection form of the seasonal flu vaccine. The type of vaccine that your child receives will be based on their medical history and current supply at the school based health center.

What you need to do:

If you are interested in having your child receive the flu vaccine at Ryan Health's School Based Health Center, please complete the screening and consent form on the reverse side of this letter and have your child return it to his/her teacher or to the SBHC directly. **We will not vaccinate your child unless we have signed consent and it is the responsibility of the parent/guardian to notify Ryan Health if there is any reason we should NOT go through with administering the flu vaccine after this consent form has been submitted.** If you have any questions about the vaccines or influenza, please feel free to call us anytime at **212-666-2261**. You may also visit the New York City Department of Health website at www.nyc.gov/flu, speak with your child's regular health care provider, or call the CDC at 1-800-232-4636.

Sincerely,

The Ryan Health School Based Health Program Staff

Name _____

Date of Birth ___/___/___

Class _____

Part 1: This question lets us know if we should schedule your child to receive the influenza vaccine.

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| 1) Would you like your child to receive the seasonal influenza vaccine from the SBHC? STOP here if you answered "NO" to the above question. | Yes | No |
|---|-----|----|

Part 2: These questions will tell us if it is safe for your child to get the influenza vaccine.

| | | |
|---|-----|----|
| 3) Has your child had a <i>bad</i> reaction to an influenza vaccine before? If Yes, please describe here: | Yes | No |
| 4) Does your child have an allergy to eggs? If Yes, please describe severity of reaction here: | Yes | No |
| 5) Has your child ever had paralysis (inability to move all or part of the body) with Guillain-Barré Syndrome (GBS)? If Yes, please describe here: | Yes | No |

Part 3: These questions will tell us if your child should get one or two doses of influenza vaccine.

If your child is under 9 years of age and has not received 2 doses of the seasonal influenza vaccine before July 2020, they will need to receive a second dose in 4 weeks.

| | | |
|---|-----|----|
| 6a) Has your child ever received seasonal influenza vaccine before? | Yes | No |
| 6b) If Yes to 4a: Has your child received at least 2 doses of the influenza vaccine before July 2020? | Yes | No |

Part 4: These questions will give us more information prior to administering the influenza vaccine.

Please note that the SBHC must give the injection (shot) form of the influenza vaccine if you answer "yes" to any of the following questions.

| | | |
|--|-----|----|
| 7) Does your child have any of the following (circle): heart disease, lung disease, <i>asthma</i> , kidney disease, diabetes or anemia? | Yes | No |
| 8) Has your child used an albuterol inhaler or nebulizer for the treatment of cough or wheezing in the past 12 months? If so, when was the last time they used it? (date): ___/___/___ | Yes | No |
| 9) Does your child have cancer, leukemia, HIV/AIDS or other blood or immune system problems? | Yes | No |
| 10) Has your child taken either steroids, antiviral drugs, anticancer drugs, or had cancer treatment with x-rays or radiation treatments in the past three months? | Yes | No |
| 11) Has your child received a transfusion of blood products or been given a medication called immune (gamma) globulin in the past year? | Yes | No |
| 12) Is your child regularly taking medications that contain aspirin? | Yes | No |
| 13) Does your child have close contact with someone who is severely immunocompromised (such as someone in a bone marrow transplant unit of a hospital)? | Yes | No |
| 14) Does your child have muscle or nerve disorders (such as seizure disorders or cerebral palsy) that has lead to breathing or swallowing problems? | Yes | No |
| 15) Has your child received a live vaccine (MMR, Varicella, FluMist) in the past month? If so, when was the vaccine given? (date): ___/___/___ | Yes | No |

*****Please note that it is the parent or guardian's responsibility to call the school based health center at 212-666-2261 to notify us if there is any reason why we should not go through with administering the influenza vaccine after this consent form has been turned in. Please call us if:**

- Your child received the flu vaccine from your family's pediatrician or from another clinic between turning in the consent form and the scheduled vaccine administration date
- Your child is feeling ill prior to and/or on the scheduled day of vaccine administration (we check every child's temperature before vaccination and we will defer vaccination if appropriate)
- If there is any other reason you would like to retract your consent

By signing below, I am agreeing that I have read the Vaccine Information Statement and I want my child to receive the influenza vaccine at the School-Based Health Center.

*****Signature of Parent/Legal Guardian:** _____

Date: ___/___/___

Print Name of Parent/Legal Guardian: _____

Phone Number: _____