

Sturgeon R-V Schools

"All Bulldogs Succeed in Learning through Commitment, Teamwork and Accountability"

September 4, 2018

Subject: **Free Flu Vaccine Will be Offered at School – Thursday October 4, 2018**

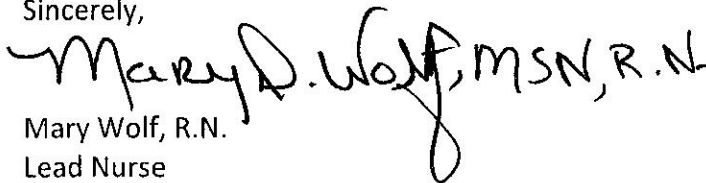
Dear Parents/Guardians:

Every flu season, thousands of children become sick with the flu. Some children can become very sick. Getting flu vaccine every year is the best way to protect your child from this potentially serious disease. The CDC Advisory Committee on Immunizations recommends all people over six (6) months of age get vaccinated with the injectable flu vaccine. The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. **FluMist nasal will not be given this season.**

Thanks to generous support from MU Children's Hospital and the Lichtenstein Foundation, Boone County Health Department will once again offer this year's flu vaccine **free of charge** in Boone County schools. Flu vaccine will be available for all children in preschool through 12th grade. **Sturgeon R-5 School's Flu Clinic will be held on Thursday, October 4, 2018 in the Elementary Cafeteria, beginning at 1:00 p.m.** If you decide not to vaccinate, or **if you do not return the required permission form to the school, the free seasonal flu vaccine will not be given to your child at school.** The opportunity to get your child vaccinated is encouraged but not mandatory. **This vaccine is free.**

If you have questions about the vaccine or the vaccination clinics, contact your school nurse, Mary Wolf, R.N., at 573-687-2091, or the Boone County Health Department at 573-874-7356. You can also learn more at <http://www.cdc.gov/flu/>. Beginning later in the fall, all Boone County children (age 6 months through 18 years old) can receive free flu vaccine at the Boone County Health Department, located at 1005 West Worley in Columbia, Monday through Friday from 8 a.m. to 4:30 p.m. Walk-ins are welcome and no appointment is needed.

Sincerely,



Mary Wolf, R.N.
Lead Nurse
Sturgeon R-V Schools



2018 Influenza "Flu" Vaccine School-Based Clinic Consent Form

All questions must be answered. If you do not complete this form and return it to school, your child will not be vaccinated.

SECTION 1: INFORMATION ABOUT THE CHILD TO RECEIVE VACCINE (PLEASE PRINT)						
STUDENT'S NAME (Last)	(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER		
STUDENT'S DATE OF BIRTH MONTH _____ DAY _____ YEAR _____			SCHOOL NAME/GRADE/TEACHER			
DOES THE STUDENT HAVE HEALTH INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Through Medicaid (MO Health Net)				STUDENT NUMBER		
STUDENT'S ADDRESS			CITY	STATE	ZIP	
PARENT/GUARDIAN DAYTIME PHONE NUMBER(S):			PARENT/GUARDIAN EMAIL ADDRESS (Optional)			
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)			

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies? Please list: _____		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (temporary severe muscle weakness) within 6 weeks of receiving a flu vaccine?		

SECTION 3: VACCINE INFORMATION

The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. **FluMist nasal spray will not be given this season.**

--- SIGN BELOW: VACCINATION WILL NOT BE GIVEN WITHOUT PARENT/LEGAL GUARDIAN'S SIGNATURE ---

SECTION 4: CONSENT FOR CHILD'S VACCINATION

I UNDERSTAND THE RISKS AND BENEFITS AND GIVE CONSENT to the Columbia/Boone County Department of Public Health and Human Services and its staff for my child named on this form to be vaccinated with the 2018 injectable influenza vaccine (flu shot). I understand that a 2018 Vaccine Information Statement (VIS) will be provided at the time of vaccination, and I can access the VIS at: www.immunize.org/vis

Parent/Legal Guardian Signature _____ Month _____ Day _____ Year _____

SECTION 5: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLY							
Vaccine	Date Dose Administered	Route	Dosage	VIS Given	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2018 Influenza	___/___/___	<input type="checkbox"/> IM <input type="checkbox"/> RD LD	<input type="checkbox"/> 0.5 cc	<input type="checkbox"/> IIV4 Date: 8/7/15			