

Sturgeon R-V Schools

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

210 W Patton Street
Sturgeon, Missouri 65284

Phone (573) 687-3515
Fax (573) 687-2116

October 3, 2017

Dear Parents and Guardians,

The 2017-2018 Influenza Vaccine (Flu Vaccine) will be given free of charge to Sturgeon R-5 faculty, staff and students on Thursday October 16 from 1:00 p.m. to 6:00 p.m. The Boone County Department of Public Health and Human Services will be onsite to administer the vaccine in our Elementary cafeteria. This opportunity to have your child vaccinated is strongly encouraged, but it is NOT mandatory. Parents are welcome to accompany their child, but it is not required that you be present. School-based vaccination makes it easier on parents for their child to receive this important vaccine.

For your child to be vaccinated, the attached consent form must be:

- FULLY completed and SIGNED by the parent or legal guardian
- Completed for EACH CHILD (you MUST return a separate form for each child you want vaccinated)
- Returned to you school nurse by **Monday, October 23, 2017**

The vaccine is available in one form, **Injectable (the flu shot)**. Due to recommendation from the CDC, Flu-Mist Nasal Spray **WILL NOT** be given this Flu Season. The Flu Shot is **FREE** for students from Pre-K through 12th Grade. Faculty and Staff may receive their Flu Shot after 3:15 p.m. *Faculty and Staff, please bring your insurance card.*

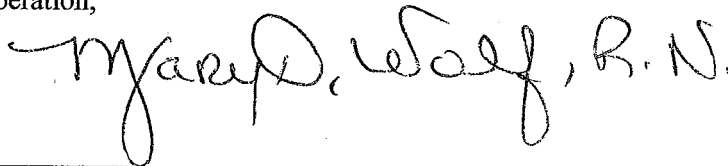
If you decline or DO NOT return the required permission form to the school, the free flu vaccine will NOT be given to your student at school. If you return this form, and your child receives the flu vaccine elsewhere, it is important that you notify your school nurse IMMEDIATELY. This will prevent your child from receiving an unnecessary second dose of vaccine.

Most children only need one dose of Flu Vaccine this fall. If your child is eight or younger, a second dose might be necessary, depending on his or her vaccination history. ***We will not provide second doses in the school.*** Please contact the health department at (573)- 874-7356 or your child's health care provider for more information.

Boone County's free Flu Vaccine program is made possible by MU Children's Hospital and David B. Lichtenstein Foundation. These organizations are funding free Flu Vaccine for all Boone County children age 6 months to 18 year. Children who do not get the vaccine at school may receive free Flu Vaccine at ANY Health Department.

If you have any further question to contact you school nurse: Mary Wolf, R.N. at (573)-687-2091

Thank you for your cooperation,



Shawn C. Schultz
Superintendent

John Kruse
High School Principal

Brandee Brown
PK-8 Principal

Jeff Carr
Curriculum Director

Penny Fadler
Special Education Director

Board of Education

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Columbia/Boone County Public Health & Human Services
 1005 West Worley | Columbia, MO 65203
 Phone: 573-874-7356



2017 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. Due to a recommendation from the CDC, 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 2017 injectable influenza vaccine (flu shot). I understand that a 2017 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
2017 Influenza	/ /	<input type="checkbox"/> IM <input type="checkbox"/> RD LD	<input type="checkbox"/> 0.5 cc	<input type="checkbox"/> IIV4 Date 8/7/15			