



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.** More people got very sick or died than in thirty years. **It is not too late for a flu vaccination since** flu season usually peaks in February.

One of the best ways to prevent the flu is through vaccinations. 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 early December. 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 www.vaccineconsent.com. This is a **secure, private site.**

OR

PAPER CONSENT FORM INSTRUCTIONS

1. Read the Vaccine Information Statement, which can be found at <https://tinyurl.com/HoColfluVis> 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 fill out your insurance information accurately. 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 November 30, 2018.**

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 & Prince George's County Public Schools

Turn over for consent form



Prince George's County Public Schools Consent Form for SY 2018-19 INJECTABLE Flu Clinic

Please Print Clearly in Ink

Fill out this section

Student's LAST Name	Student's FIRST Name	M.I.	Student's Birthdate	Age	Sex	Grade
Parent/Guardian LAST Name	Parent/Guardian FIRST Name	M.I.	Cell/Daytime Phone		F M	
Address			Email Address			
City	ZIP Code		School Name	Teacher/Homeroom		

HEALTH INSURANCE INFORMATION – PLEASE FILL OUT COMPLETELY AND ACCURATELY

Fill out this section

Please copy this information from YOUR INSURANCE CARD. We will bill your insurance. You will NOT be charged a copay or a deductible.

Type of Insurance: Private Insurance or Medical Assistance My child does not have health insurance
(Your child will not be turned away because of no insurance)

Insurance Company Name	Member ID Number (write in boxes below)						
	Group Number						

FOR PRIVATE INSURANCE ONLY.

Policy Holder's/Insured Adult's Name	Relationship to Student	Insured Adult's Birthdate	Any Other # from Insurance Card
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Answer these

1. Do any of the following apply to your child? (If you answer YES to any question, your child might not be vaccinated.)

<table style="width: 100%;"> <tr> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td style="width: 40%;">Has had a serious reaction to a vaccine in the past?</td> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td style="width: 40%;">Has had Guillain-Barre syndrome?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a serious allergy to eggs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has an allergy to a component in flu vaccine?</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>If "yes", explain: _____</td> </tr> </table>	Yes	No	Has had a serious reaction to a vaccine in the past?	Yes	No	Has had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Has a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>	Has an allergy to a component in flu vaccine?						If "yes", explain: _____	
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					If "yes", explain: _____																				

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 CHILD 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