



Every year, thousands of children miss valuable school days because of the influenza virus. Offering flu vaccinations in a school setting has proven to be effective in preventing illness and reducing absenteeism. Please help us stop the spread of the flu in your school and homes by allowing your student to be properly vaccinated against the flu and help "KICK THE FLU" in Central TX this coming year.

Healthy Schools, in cooperation with Schoolhouse Pediatrics, E3 Alliance, and **Round Rock ISD** is excited to kick off the "Kick the Flu" program in **Round Rock ISD** this school year. Healthy Schools will be providing flu vaccinations at your child's school **starting late October, 2017. Please check your child's school website for specific clinic dates and times.**

Healthy Schools LLC is pleased to support your family in having a healthy flu season. Please complete the 2017-18 Vaccine Consent Form as soon as possible and return it to school. **IF YOU DO NOT WANT TO PARTICIPATE IN THIS FREE PROGRAM PLEASE ONLY COMPLETE THE TOP PORTION AND "CHECK" THE BOX MARKED NO.** The vaccine consent form and Notice of Privacy Practices are also available on the Healthy Schools LLC website at www.healthyschoolsllc.com. At the time of vaccination, a copy of the Notice of Privacy Practices along with a post vaccination letter will be given to your student(s) for your records.

For this coming Flu Season the **only** available vaccine to fight against the flu will be a vaccine done by injection as recommended by the CDC and ACIP. **The Flu Vaccine (Shot) is 100% Preservative and Antibiotic Free!** Healthy Schools' trained and skilled staff of licensed nurses will be providing this pediatrician recommended flu vaccine at your child's school this coming fall. We at Healthy Schools are excited to provide your students with another Healthy Flu Season- With your continued support we can "Kick the Flu"!

Once you have completed and signed the consent form, please have your student return it to his/her teacher. Once your student is vaccinated, he/she will receive written notice to bring home for your records. Healthy Schools also enters all vaccination information into the statewide database ImmTrac. There is **NO** out-of-pocket expense for you, and your student and entire family will be better protected against the flu this flu season!

If you have any questions you can reach Healthy Schools at 1-800-566-0596.

Thanks, *Team Healthy Schools*



2017-2018 Seasonal Flu Shot (IIV) Vaccine Consent Form

Full, Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT		Name of School	
Parent/Guardian Name (First Name Middle Initial. Last Name)	Relationship to Student	Homeroom Teacher / Grade	
Address	Email Address	Birth Date (month / date / year)	Age Sex
City	Zip Code	Home Phone #	Cell Phone #

Demographic Information: (Circle one) :White American Indian/ Native Alaskan Black Asian Hispanic Other

IF YOU DO NOT WISH TO PARTICIPATE PLEASE CHECK HERE: NO
 if you do not wish to participate you do not have to complete the rest of the form

Insurance <input type="checkbox"/>	CHIP/STAR/Medicaid <input type="checkbox"/>	Please CHECK ONE and fill out the following questions
Insurance Company:	Member ID:	
Policy Holder's Name:	Policy Holder's Date of Birth:	
The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. There will be no out of pocket expense for the services provided!		<input type="checkbox"/> MY CHILD DOES NOT HAVE HEALTH INS

QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1.) <u>Is your child 4 years or older?</u>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2.) <u>Do any of the following apply to your child? (If you answer YES, your child cannot receive a Flu Vaccine at school- please contact your child's doctor)</u>
		<ul style="list-style-type: none"> Allergy to chicken eggs or egg products Life threatening reaction(s) to flu vaccine in the past Allergy to Latex Has had Guillain-Barre syndrome (very rare)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3.) <u>Do any of the below apply to your child?</u>
		<ul style="list-style-type: none"> Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)
<p>IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL HEALTHY SCHOOLS AT 1800-566-0596 TO SPEAK TO A NURSE.</p>		

I have received, read, and understand the CDC Vaccine Information Statement for the Inactivated Influenza Vaccine (IIV). I have read these documents and understand the risk and benefits of the IIV vaccine. I give permission to Healthy Schools and their administrators, to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Healthy Schools, E3 Alliance, School House Pediatrics, and your child's school district from any and all liability associated with the administration and potential side effects of the vaccine. A copy of our privacy policies and procedures can be accessed on our website www.healthyschoolsllc.com. Children who receive a vaccine will receive a copy of this at the time of vaccination.

YES, I wish to participate

NO, I do not wish to participate

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION			
VIS CDC IIV _____ LOT Number:	IIV/0.5ML IM Injection (Flucelvax/ Fluzone) EXP Date:	VIS CDC IIV _____ LOT Number:	IIV 0.5 ML IM Injection (Flucelvax/ Fluzone) EXP Date:
RN # _____ Date: _____	(RUA) OR (LUA) (Circle One)	RN # _____ Date: _____	(RUA) OR (LUA) (Circle One)