

METHACTON SCHOOL DISTRICT FLU IMMUNIZATION PROGRAM FOR STUDENTS

OCTOBER 23, 2019

Methacton School District will be working with Health Hero School Vaccination Program to provide Influenza vaccines to all of our students. This is a voluntary program. All students (both insured and uninsured) are eligible to receive the flu vaccine.

- All vaccinations will be given during the school day at each school building. The Flu Clinics will be staffed by Health Hero licensed professionals and school district nurses.
- Parents must complete the FLU VACCINE CONSENT FORM 2019 – 2020 including parent signature. All information must be complete before your child can receive the vaccine.
- Return the consent form to your child's building nurse by Friday, October 18, 2019.

Methacton High School – Mrs. Cheryl Peiffer/Mrs. Kathy Thompson
Arcola Intermediate School – Mrs. Joni Cosgriff/Mrs. Kim McDonald
Skyview Upper Elementary School – Mrs. Valerie Lozinak
Arrowhead Elementary School – Mrs. Kelly Benarick
Eagleview Elementary School – Mrs. Annette Cramer
Woodland Elementary School – Mrs. Mary Thomas
Worcester Elementary School – Mrs. Jodi Lattanze

- If your child becomes upset, he/she will not be forced to receive the vaccine. It is important to speak to your child about receiving the vaccination at school.
- Parents will receive documentation that your child has received the Flu vaccine.



**Parent Consent form
MUST BE RETURNED BY
Friday 10/18**

Dear Parent or Guardian,

Working with the Methacton School District, Health Hero PA is excited to kick off our 2019 School located influenza vaccination clinics. Flu is among the top vaccine-preventable illnesses. Per the CDC, 25 to 50 million cases are reported each year in the United States. They lead to hundreds of thousands of hospitalizations and tens of thousands of deaths! Schools are virus incubators, and school children are efficient virus spreaders - they have the highest rates of infection.

Our Health Hero program is a voluntary flu vaccination at school program that prevents the disease and reduces student absenteeism. The program has been safely immunizing children for years. This school year, an estimated half a million-school children will be immunized via this program.

To help you keep your child well Health Hero will be providing quadrivalent Injectable flu vaccinations on **Wednesday October 23rd** at the Methacton School District. Please consider having your child vaccinated, help them become a Health Hero, and help us stop the spread of the flu in your school and homes.

- Our clinics are safe: a doctor oversees the program and only licensed professionals give the immunizations.
- Our clinics have no out of pocket costs: We immunize every healthy child that returns a signed consent form from their parent or guardian.

To take part in the Health Hero Program, please completely fill out, sign, and return the attached consent form to the school. Once your student is vaccinated they will receive immunization paperwork for your records.

If you have any questions we encourage you to visit the CDC website at www.cdc.gov/flu, Health Hero at www.HealthHeroUSA.com or contact us at PA@HealthHeroUSA.com.

Sincerely,

The Health Hero Team

Health Hero PA, LLC
PA@HealthHeroUSA.com
484-667-3382

**Formulario de consentimiento
de los padres**
DEBE SER DEVUELTO POR
Viernes 10/18

Estimado padre o tutor,

Trabajando con el Distrito Escolar de Methacton, Health Hero PA está emocionado de dar inicio a nuestras clínicas de vacunación contra la gripe ubicadas en la escuela 2019. La gripe es una de las principales enfermedades prevenibles por vacunación. Según los CDC, se informan de 25 a 50 millones de casos cada año en los Estados Unidos. Ellos llevan a cientos de miles de hospitalizaciones y decenas de miles de muertes! Las escuelas son incubadoras de virus, y los niños de la escuela son dispersores de virus eficientes - tienen las tasas más altas de infección. Nuestro programa Health Hero es una vacuna voluntaria contra la gripe en el programa escolar que previene la enfermedad y reduce el absentismo estudiantil. El programa ha estado inmunizando con seguridad a los niños durante años. Este año escolar, se estima que un medio millón de niños de la escuela serán vacunados a través de este programa.

Para ayudarle a mantener bien a su hijo Health Hero proporcionará vacunas contra la gripe quadivalent inyectable el miércoles 23rd de octubre en el Distrito Escolar de Methacton. Por favor, considere la vacunación de su hijo, ayúdeles a convertirse en un Héroe de la Salud y ayúdenos a detener la propagación de la gripe en su escuela y en sus hogares.

· Nuestras clínicas son seguras: un médico supervisa el programa y sólo profesionales licenciados dan las vacunas.

· Nuestras clínicas no tienen costos de bolsillo: Inmunizamos a todos los niños sanos que devuelvan un formulario de consentimiento firmado de sus padres o tutores.

Para participar en el Programa de Heroes de Salud, por favor complete completamente, firme y devuelva el formulario de consentimiento adjunto a la escuela. Una vez que su estudiante sea vacunado recibirán papeleo de inmunización para sus registros.

Si tiene alguna pregunta, le recomendamos que visite el sitio web de los CDC en www.cdc.gov/flu, Health Hero en www.HealthHeroUSA.com o comuníquese con nosotros a PA@HealthHeroUSA.com.

Sinceramente,

El Equipo de Héroe de la Salud

Health Hero PA, LLC
PA@HealthHeroUSA.com
484-667-3382

Flu Vaccine Consent Form 2019-2020



School Name: _____

Clinic Date: _____

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:														
Gender: Male Female					Birthdate: (mo,day,yr)					Age					Homeroom Teacher / Grade									
Address																								
City										Zip Code					State					Home Phone # () - Cell Phone # ()				
Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :																								
Email address:																								

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please check the appropriate box and completely fill out the following questions pertaining to your child's Health Insurance:

<input type="checkbox"/> Insurance <input type="checkbox"/> My child does NOT have health insurance <input type="checkbox"/> Medicaid		PA Medicaid: (Aetna Better Health, AmeriHealth Caritas, Gateway, Geisinger, Health Partners, Keystone First, United Healthcare Community Plan, UPMC)		Insurance Company:			
Policy Holder's First Name:				Policy Holder's Last Name:			
Member ID:				Policy Holder's Date of Birth: (mo,day,yr)			

CHECK YES OR NO FOR EACH QUESTION

YES NO

- 1. Has your child ever had a life-threatening reaction(s) to the flu vaccine in the past?
- 2. Has your child ever had Guillain-Barre' syndrome?
- 3. Does your child have an allergy to eggs?
- 4. Does your child have a blood disorder such as hemophilia?
- 5. Will this be the first time your child has ever received a flu vaccination?
- 6. If available next year, would you prefer to have Flumist?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 484-667-3382 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, Health Hero of PA, LLC & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission, which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

VIS CDC IIV 08/07/2015
 LOT Number: _____
 RN # _____

IIV MANUFACTURER
 EXP Date: _____
 Date: _____

AREA FOR OFFICIAL ADMINISTRATION USE ONLY

Health Hero of PA

484-667-3382

pa@healthherousa.com



VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccines for more information about vaccines and how to get them. Visit www.hhs.gov/vaccines for more information.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season.

Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine,
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

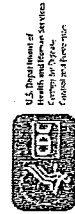
Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS).

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- If you are not feeling well.

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- lightheadedness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction? What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement

Inactivated Influenza Vaccine

Office Use Only

08/07/2015



42 U.S.C. § 300aa-26