



# LITTLE ROCK SCHOOL DISTRICT

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

## Influenza Vaccine (Seasonal Flu)

In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to  
Parent/Guardian Name First and Last Name

participate in the Seasonal Flu School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic. I understand that I must sign this form and the Arkansas Department of Health consent form for my child to be able to receive the vaccine.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**ARKANSAS DEPARTMENT OF HEALTH  
INFLUENZA SEASON -- IMMUNIZATION CONSENT FORM**

<b>For ADH use only</b>	ADH Clinic Code: _____	School LEA #: _____	Date Of Service: _____
School Name: _____		School Grade: _____	

**Person Receiving Vaccine:**

(Legal) First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth:

**1. MEDICAL HISTORY: Complete the following questions for the individual receiving the vaccine.**

<i>*If YES and further guidance is needed, notify the Regional CDNS</i>	*YES	NO	
Do you have a fever today? (If you have a fever on the day of the clinic it may prevent you from receiving the influenza vaccine.)			If any answer is YES, you may not be able to receive the flu vaccine.
Have you ever had a serious reaction to a previous dose of flu vaccine, such as difficulty breathing, swelling of eyes or lips, wheezing, or immediate nausea or vomiting? Do you have a severe allergy to any foods or medications? (i.e., gelatin, gentamicin or neomycin)			
Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?			
Are you younger than 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If any answer is YES, you can receive only the injectable flu vaccine (shot), not the intranasal flu vaccine (flu mist).
Are you older than 49 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you pregnant?			
Do you have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood? For a child 2 through 4 years: Have you been told by a health care provider that your child had wheezing or asthma in the past 12 months?			
Are you on long-term aspirin or aspirin-containing therapy? Do you take aspirin every day? Have you received influenza antiviral medications within the last 48 hours? (Tamiflu, Relenza, Rapivab, Xofluza)			
Have you received any of these vaccines in the last 28 days? Measles, mumps, rubella (MMR) <input type="checkbox"/> Yes <input type="checkbox"/> No Varicella (chickenpox) <input type="checkbox"/> Yes <input type="checkbox"/> No Intranasal influenza vaccine (Flu Mist) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a severely weakened immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer, rheumatoid arthritis, Crohn's disease, psoriasis, or radiation treatments)?			
Do you have close contact with a person who needs care in a protected hospital environment (for example, someone who has recently had a bone marrow transplant)?			
<b>For parents NOT attending flu clinic with their child:</b> If you answered No to all of the above questions, your child may receive either the flu shot (injectable) or flu mist (nasal spray). Please mark your preference of vaccine type below. <b>If your preferred vaccine type is not available or marked, the nurse will give what is available unless you indicate otherwise.</b> <input type="checkbox"/> Flu Shot <input type="checkbox"/> Flu Mist <input type="checkbox"/> No Preference <input type="checkbox"/> Do not give if my preference is not available			
<b>Child's Homeroom Teacher:</b> _____ (For school clinic use)			
• NOTE: Children aged 6 months through 8 years may require a second dose. Contact your health care provider or your ADH Local Health Unit in four weeks for more information.			

**2. RELEASE AND ASSIGNMENT.** Please read the section on the reverse side of this form. The Arkansas Department of Health's Privacy Notice is on the website [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov), posted and available at the clinic site, or accompanies this form. Then sign in the box at right.

**Please sign here**

My signature below indicates I have read, understand and agree to section 2. **Release and Assignment** of the Influenza Season -- Immunization Consent Form. and **Vaccine Information Statement (VIS).**

**Signature of Patient/Parent/Guardian:** \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_

# Fight the Flu in Arkansas

Dear Parent,

It is very important that you read this letter and follow through with the steps required so that your child can be protected from the flu.

This year, in partnership with the Arkansas Department of Health (ADH), school districts are holding Flu Immunization clinics in schools to provide flu vaccine for students.

For your child to receive the flu vaccine, you must:

1. Read the Vaccine Information Statement for the vaccine.
2. Read and complete the front and back of the Arkansas Department of Health (ADH) consent form.
3. PRINT clearly all information required on the ADH consent form.
4. Make sure you have signed the ADH consent form for the flu vaccine.
5. Sign the school district (FERPA) consent form (you may have signed this form at the beginning of the school year when your child was registered for school).
6. Return both consent forms to your child's school as quickly as possible.

This is a great opportunity for children to receive this vaccine with no charge to you. If you have insurance, ADH will ask your insurance company to pay for the cost of giving the vaccine. If you do not have insurance or your insurance does not pay for vaccines, there will still be no charge to you.

**REMEMBER, only those students with the required completed paperwork (the signed ADH consent AND the school district FERPA consent) will be allowed to receive the flu vaccine.**

If you should have any questions or concerns about the vaccines or the ADH consent form, please contact your local health unit.

Thank you.



## VACCINE INFORMATION STATEMENT

A Vaccine Information Statement (VIS) is a document, produced by the Centers for Disease Control and Prevention (CDC), that informs vaccine recipients – or their parents or legal representatives – about the benefits and risks of a vaccine they are receiving.

- To view the VIS for the Live, Intranasal Influenza Vaccine (nasal spray), go to

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html>. This link can be viewed and downloaded from your desktop, laptop, tablet, smartphone or other web-based electronic device.

- To view the VIS for the Inactivated Influenza Vaccine (shot), go to

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>. This link can be viewed and downloaded from your desktop, laptop, tablet, smartphone or other web-based electronic device.

- For a paper copy of either the nasal spray or the shot VIS, you can go to your nearest Arkansas Department of Health Local Health Unit and receive a copy. Please call 1-800-462-0599 to find out the closest health unit to you.
- Copies of the flu VIS will also be available at the school the day of the flu clinic.

For more information, contact the Arkansas Department of Health's Immunization Section at 1-800-574-4040. Thank you.