

# 2019 In-School, No-Cost MCV4 Vaccine Consent Form

Complete this form and return it to your child's school  
ONLY if you want your child to receive a vaccine.

PLEASE PRINT LEGIBLY WITH A BLUE OR BLACK PEN. EVERY SECTION OF THIS FORM IS REQUIRED.

Student Information					
Last Name	First Name, Middle Initial	Suffix	Name of School	Grade	Homeroom
Address			City	State	Zip Code
Birth Date (month/date/year)	Age	Sex	Demographic Information (Circle one): White    American Indian/Native Alaskan    Black    Asian    Hispanic    Other		
Parent/Guardian Information					
Last Name	First Name, Middle Initial	Suffix	Email Address		
			Home Phone Number		
Relationship to Student			Cell Phone Number		
Required Health Insurance Information					
<p><b>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. This no-cost service is made possible by parents accurately and honestly reporting their child's complete insurance information.</b></p>					
<p><b>Check one:</b>    <input type="checkbox"/> Private Insurance                      <input type="checkbox"/> Underinsured                      <input type="checkbox"/> Medicaid (ex: AmeriGroup, Wellcare, Integral)  <input type="checkbox"/> No Insurance: I certify that my child is not covered by any health insurance</p>					
Insurance Company			Child's Medicaid ID	Child's Member ID	
Policy Holder's Name			Policy Holder's Date of Birth		
Medical Information					
<p><b>Do any of the following apply to your child?</b> If you answer yes to any of these questions your child will NOT be vaccinated and you will need to see your medical professional.</p>					
Does your child have allergies to a vaccine component or to latex?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had a serious reaction to a vaccine in the past like Guillain-Barre Syndrome?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had brain or other nervous system problems like encephalopathy?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have any questions, please contact your child's pediatrician or call Healthy Schools LLC at 1-800-566-0596 to speak to a nurse.</p> <p>I have received, read, and understand the CDC Vaccine Information Statement for the Meningococcal ACWY (MCV4) Vaccine. I have read these documents and understand the risk and benefits of the MCV4 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 State Health Services policies. I hereby release Healthy Schools from any and all liability associated with the administration and potential side effects of the vaccine. I understand that my child and Healthy Schools will be creating a provider-patient relationship. By providing my cell phone I understand that I may be contacted at that number, including text messages, with information regarding Healthy School's services.</p> <p><b>By signing below, you the parent/guardian give consent to provide your child listed above with the Meningococcal ACWY (MCV4) Vaccination.</b></p>					
_____		_____		_____	
Printed Name of Parent/Guardian		Signature of Parent/Guardian		Date	
<p>The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry. Consent for Registration of Child and Release of Immunization Records to Authorized Entities. I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, the child's immunization information may by law be accessed by:</p> <ul style="list-style-type: none"> <li>• a public health district or local health department, for public health purposes within their areas of jurisdiction;</li> <li>• a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient;</li> <li>• a state agency having legal custody of the child;</li> <li>• a Texas school or child-care facility in which the child is enrolled;</li> <li>• a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.</li> </ul> <p>I understand that I may withdraw this consent to include information on my child in the ImmTrac2 Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    I wish to INCLUDE my child's information in the Texas immunization registry.</p>					
AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION					
<input type="checkbox"/> This child does not have a moderate or severe acute illness with or without fever on the day of vaccination					
VIS CDC 0.5mL IM MCV4					
LOT Number:			LUA / RUA		
RN #			Date		

## VACCINE INFORMATION STATEMENT

# Meningococcal ACWY Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis). Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Meningococcal disease** is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

**Meningococcal ACWY vaccine** can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

### 2 Meningococcal ACWY Vaccine

Meningococcal conjugate vaccine (**MenACWY**) is licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Some people need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

### 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 have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid MenACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if she is at increased risk of meningococcal disease.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

### 4 Risks of a vaccine reaction

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

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days.

A small percentage of people who receive the vaccine experience muscle or joint pains.

#### 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 lightheaded, or have vision changes.
- 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/](http://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—usually within 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 to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction 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](http://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](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your health care 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/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Meningococcal ACWY  
Vaccines**



Official Use Only

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