DON’T LET THE FLU KNOCK YOU OUT OF SCHOOL!

STUDENTS MUST HAVE A COMPLETED CONSENT FORM TO RECEIVE VACCINATION.

FREE Flu Vaccinations for All Students!

Administered at School

**OCTOBER 23**
- Bluebonnet Elementary
- Emile Elementary
- Lost Pines Elementary
- Bastrop Intermediate
- Cedar Creek Intermediate
- Colorado River Collegiate Academy
- Boot Camp & Gateway DAEP

**OCTOBER 24**
- Cedar Creek Elementary
- Mina Elementary
- Red Rock Elementary
- Bastrop Middle
- Cedar Creek Middle
- Bastrop High
- Cedar Creek High
Dear Parent,

Hi, I’m Mikaela from Health Hero America. We provide vaccine clinics in schools across the country. In the past decade, we have vaccinated over a million students. We have worked with school districts, including Manor ISD and many surrounding San Antonio. Our goal is to make immunizations readily available to any child, regardless of insurance coverage. This is a free service. There is NO out of pocket cost or copay to you.

Last week your school district asked for our help in scheduling flu clinics at your campus. Caredox/Healthy Schools, the previous provider, recently announced they were no longer conducting clinics in Texas. Health Hero is here to ensure your student(s) continue to receive this important vaccine. First, we ask that you complete a new consent form for each of your children. Please return the forms to your school before the clinic date. Your student’s privacy is our top priority. All information you give us is entirely confidential.

Your child’s health is critically important to us and to your teachers! Students miss more school days because of the flu than all other immunizable diseases combined. A local study by E3 Alliance found an exact link between the flu and students missing school. Your school district understands that free access to these vaccines will help keep your children in school and learning!

If your child has not already received a flu vaccine from their doctor or another clinic this year, please attend the Health Hero’s flu shot clinic. We look forward to helping your students stay healthy and in school.

If you should have any questions about the upcoming clinics, please contact your school administrator for more information.

Sincerely,

Mikaela Baxter
Health Hero America
Flu Vaccine Consent Form

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Clinic Date:</th>
</tr>
</thead>
</table>

**FIRST NAME** of Student: [ ]

**LAST NAME** of Student: [ ]

Gender: [ ] Male  [ ] Female

Birthdate: (MM/DD/YYYY) [ ]

Age [ ]

Grade [ ]

Address [ ]

Home Phone # ( ) - [ ]

Cell Phone # ( ) - [ ]

City [ ]

Zip Code [ ]

State [ ]

Student Race: [ ] 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 fill out the following questions pertaining to your child’s Health Insurance:

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>My child does NOT have health insurance</th>
<th>Insurance Company:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

Policy Holder’s First Name: [ ]

Policy Holder’s Last Name: [ ]

Member ID: [ ]

Policy Holder’s Date of Birth: (MM/DD/YYYY) [ ]

---

CHECK YES OR NO FOR EACH QUESTION

1. Has the person to be vaccinated ever had a severe or life threatening reaction to the flu vaccine? [ ] YES  [ ] NO  

2. Has the person to be vaccinated ever had Guillain-Barre syndrome? [ ] YES  [ ] NO  

3. Does the patient have an allergy to eggs? [ ] YES  [ ] NO  

4. Does the patient have an allergy to any component of the vaccine? [ ] YES  [ ] NO  

---

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](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I hereby acknowledge that based on the information presented to me, my child is eligible to receive the influenza vaccine on this date. I request and voluntarily consent for the vaccine to be given to the child listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I understand that no assurance can be given that the influenza vaccination will give immunity from contracting any strain of influenza. My child is feeling well today and he/she has not recently had a fever. I accept responsibility for seeking medical attention for any problems associated with receiving the vaccine. I hereby release the school system, Health Hero America LLC, its employees, representatives and agents from any liability for giving the influenza vaccination to my child. I understand this consent is valid for 6 months and that I will make the school aware of any changes in my child’s health prior to the vaccination clinic date. Clinic dates can be obtained from the school. I authorize HHA to provide my child's school with documentation of vaccinations given today.

---

Printed Name of Parent/Guardian [ ]

Signature of Parent/Guardian [ ]

Date [ ]

HHA Staff Signature [ ]

Date [ ]

---

Health Hero America, LLC
244 Flightline Dr.
Spring Branch, TX 78070
mbateyJ@coldchain-tech.com
210-800-8402

---

Area for Official Administration Use Only

VIS CDC IIV 08/15/2019 FLUZONE

Administered by: [ ]

Location: RA  LA
Vaccine

Inactivated Influenza

Vaccine Information Statement Information

1. Why get vaccinated?

Influenza (Flu) Vaccine (Inactivated or

Recommendation: What you need to know

 temporada.)

2. Influenza vaccine

i. How it works

ii. How effective is it?

iii. Who should get it?

iv. When to get it

3. Think with your health care

provider

i. What is a system?

ii. What are the benefits?

iii. How can I learn more?

4. Risks of a vaccine reaction

i. Who is at risk?

ii. What are the risks?

iii. How serious can it be?

5. What if there’s a reaction?

i. Are there any precautions?

ii. What should I do if it happens?

iii. What should I do if I have several reactions?

6. How can I learn more

i. Where can I find more information?

ii. How can I get help if I have questions?