

# 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



September 12, 2019

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 Batey*  
Health Hero America



# Flu Vaccine Consent Form



School Name:

Clinic Date:

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: (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 fill out the following questions pertaining to your child's Health Insurance:

Medicaid <input type="checkbox"/>										My child does NOT have health insurance <input type="checkbox"/>										Insurance Company:									
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



**ONLY RETURN THIS FORM IF YOU WANT THIS VACCINE**

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

**AREA FOR OFFICIAL ADMINISTRATION USE ONLY**  
VIS CDC IIV 08/15/2019      FLUZONE

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



Administered by: \_\_\_\_\_ Location: RA      LA

## 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/flu](http://www.hhs.gov/flu).  
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.hhs.gov/flu](http://www.hhs.gov/flu).

## 1 Why get vaccinated?

**Influenza vaccine** can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it 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 of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

## 3 Talk with your health care provider

Influenza vaccine may be given at the same time as other vaccines.

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. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

**Influenza vaccine does not cause flu.**

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Gaillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.

- There may be a very small increased risk of **Gaillain-Barré Syndrome (GBS)** after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at [www.hhsa.gov/vaccinecompensation](http://www.hhsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- 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 [www.cdc.gov/flu](http://www.cdc.gov/flu)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



08/15/2019

Vaccine Information Statement (Interim)  
**Inactivated Influenza Vaccine**

8/15/2019 | 42 U.S.C. § 300aa-26