



CROWDER PUBLIC SCHOOL

Bond & E. Street
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Superintendent's Office
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(918) 334-3295



Dear Parent/Guardian:

No Cost Influenza Vaccine!!!!

Influenza (flu) season will soon be here. Keeping students and teachers healthy and in school is important for their education. Avoiding missed days of school means avoiding missed lessons.

Children can be sick with the flu for a week or longer. Additionally, flu in children can be serious and can cause: fever, headache, extreme fatigue, and body aches. Children with underlying health conditions such as asthma or diabetes may become ill enough to require hospitalization. Children are often the main source of flu infection for everyone else, spreading the flu to other classmates, family members, and the community.

The single best way to help prevent the spread of the flu is a flu vaccination. As part of a continued collaboration between the health department and the Choctaw Nation of Oklahoma, a school flu vaccination program is available this year which will provide voluntary flu vaccinations **at no charge to school staff and students (native and non-native)**. This program would not be possible without the support of the Choctaw Nation of Oklahoma.

Health department/Choctaw Nation nurses will be at your school on **October 13** from **8:30am – 12:00 pm**. Attached you will find a consent form that must be completed and returned by **October 1st** in order for your child to receive a flu vaccine. We will be unable to immunize anyone under 18 years old without a completed consent form. Also provided is a vaccine information sheet on Influenza Vaccine. Only injectable flu vaccine will be provided (nasal mist will not be available). If students are not cooperative, the vaccine will not be administered. Parents/guardians are welcomed to be in attendance.

If you have any questions, please contact the County Health Department at 918-423-1267

Sincerely,

Robert Florenzano
918-334-3203



Oklahoma State Department of Health/Choctaw Nation
Influenza Vaccination Partnership



Consent Form

Last Name: _____ First Name: _____ MI: _____ Date of Service: _____
 Birth State: _____ Gender: Male Female
 Date of Birth: _____ Month _____ Day _____ Year _____ Age: _____ Grade: _____
 Mothers Maiden Name: _____ City: _____ State: _____ Zip: _____

Address : _____
 Phone 1: _____ HOME Phone 2: _____ CELL _____
 Guardian Last Name (For children only): _____ Guardian First Name: _____

Please circle one: Private Insurance Medicare Medicaid No Insurance

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is the person to be vaccinated sick today? YES NO
2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? YES NO
3. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving a flu vaccine? YES NO
4. Does the person to be vaccinated have an allergy to a component of the vaccine? YES NO

I have read or had explained to me the information contained in the 2020-2021 Vaccine Information Sheet for the 2020 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS). If this vaccination is provided to my child in a childcare/school setting, I give my consent for Oklahoma State Department of Health/ Choctaw Nation to administer Influenza Vaccine to my child and disclosure of this vaccination information to the childcare/school setting. **I agree for my child to receive vaccine without my presence, I understand if my child is not cooperative, the vaccine will not be administered.**

Signature: _____ Date: _____

OFFICE USE ONLY-DO NOT WRITE BELOW

Vaccine: Fluorix_ Lot # JX3RK_ _____ Nurse's Signature: _____ Nurse's Initials _____
 VFC Vaccine: _____ Lot # _____
 Site Given: _____
 RVL=1 LVL= 2 RD = 3 LD = 4

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.immunize.org/vls

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vls

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.

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.

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

3 Talk with your health care provider

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 **Guillain-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.



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

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 Guillain-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 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.hrsa.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

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



Office use only

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