

River Forest Community School Corporation

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Dr. Steven C. Disney, Jr., Superintendent

Mr. Kevin M. Trezak, Assistant Superintendent

April 23, 2021

Dear Parent,

In partnership with the **Indiana Department of Health and the Federal Emergency Management Agency**, we are making you aware of the opportunity for your child to receive a free COVID-19 vaccine at the mass vaccination clinic at the former Roosevelt High School site in Gary. This opportunity to receive the Pfizer vaccine is available to students age 16 and older with parental/guardian consent.

Schools in Northwest Indiana have been given the opportunity to transport students that are eligible for the COVID-19 vaccine to this site to receive their vaccination. This service will be provided for eligible in-person and virtual-learning students whose parent/guardian has completed and signed the consent form. Additional transportation will be provided for virtual-learning students.

The Pfizer vaccines is a series of two shots given at least 21 days apart. River Forest Community School Corporation is scheduled for:

1st shot: Friday, April 30, 2021

2nd shot: Friday, May 21 2021

Masks will be required on the school bus and at the vaccination site. We will comply with personal distancing guidelines while on the bus. Please complete the consent form included with this information and return to school by Monday, April 25th 2021 so that your student can be transported to receive their vaccination.

The completed consent form will be taken to the vaccination site for review by health personnel prior to vaccination. Insurance information is requested, but there is no charge to you for vaccination. Insurance may be billed the administration fee for the vaccine. Please contact our School Nurse, Paula Thompson RN if you have any questions.

The mass vaccination clinic address is **2401 Harrison St., Gary, IN, 46407**, and appointments are available.

Thank you for helping to keep your student(s) and others safe during the pandemic. Let's all do what we can to stay healthy and promote good habits to our students.

Thank you for your consideration.

Steven C. Disney, Superintendent

River Forest Community School Corporation

Consent for COVID-19 Vaccination



Complete the following for the person who is being vaccinated:

Name: FIRST _____ MIDDLE _____ LAST _____

Phone: () _____ - _____ Birth Date: ____/____/____ Age: _____ Sex: ☐F ☐M

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian Full Name: _____ Parent Cell Phone# _____

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino

Race: (Check all that apply) ☐American Indian/Alaskan Native ☐Asian ☐Black ☐Native Hawaiian/Pacific Islander

☐White ☐Unknown

Insurance Status (Check box)

☐ NO INSURANCE

☐ MEDICAID

Company: _____ Medicaid #: _____ ☐Don't know

☐ PRIVATE or COMMERCIAL INSURANCE (NOT MEDICAID)

Insurance Company: _____ Insurance Policy ID: _____

Group # _____ (if one applies) Policy Holder Name: _____

Policy Holder Birth Date: ____/____/____ SSN: _____

Policy Holder Relationship to Patient: _____

Questions for the person getting vaccinated:

- | | NO | YES |
|--|--------------------------|---|
| 1. Is the person to be vaccinated sick today? If yes, what are their symptoms? | <input type="checkbox"/> | <input type="checkbox"/> , symptoms: _____ |
| 2. Does the person to be vaccinated have any allergies to medications, foods, a vaccine component, or latex? | <input type="checkbox"/> | <input type="checkbox"/> , allergies: _____ |
| 3. Has the person to be vaccinated ever had a serious reaction to a vaccine in the past? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> , explain: _____ |
| 4. Has the person to be vaccinated ever had Guillain-Barre Syndrome (GBS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For women: Is the person to be vaccinated pregnant or is there a chance they could be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the person to be vaccinated received any vaccinations in the past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |

By signing below, I consent to the use and disclosure of my or my child's personal health information for the purpose of health care operations, along with the assignment of all payments from the insurer listed above to Indiana Department of Health (IDOH) for the services rendered.

Consent for use of protected health information & claims assignment: I hereby consent to and acknowledge the receipt of a Notice of Privacy Practices regarding the use and disclosure of my personal health information for the purpose of health care operations, along with the assignment of all payment from the insurance provider (if applicable) to IDOH for administration of the COVID-19 vaccination.

Vaccine authorization: My signature on this form indicates that I have requested that the COVID-19 vaccine be administered to me or my dependent by a vaccination clinic representative. I relieve the vaccination site and staff of any liability for any reactions that should occur. I unconditionally and irrevocably waive any right to a trial by jury, to the maximum extent allowed by law, for any claim or action arising out of or related to this service, and that any such claim or action shall be determined solely on an individual.

Signature of Parent or Guardian _____ Date: _____

If student under 18 years of age

What you Need to Know About the Pfizer Vaccine

These vaccines will help keep you safe.

You have likely received several vaccines in your lifetime. Those vaccines have protected you from typical childhood diseases such as measles, chicken pox and others. The COVID-19 vaccine works like those and is especially effective at preventing hospitalization and other serious outcomes.



Get the facts about the Pfizer vaccine. Point your smartphone camera at the QR code to learn more.

COVID-19 vaccination is an important tool to help us get back to normal.

The vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. It typically takes two weeks after vaccination for the body to build protection (otherwise known as immunity) against the virus that causes COVID-19. People are considered fully protected two weeks after their second dose of the Pfizer vaccine.



SOCIAL
GATHERINGS



TRAVEL

VISIT VULNERABLE
LOVED ONES



Vaccines will make schools safer.

It is true that young people often have milder, less serious cases of COVID-19, but they can be silent spreaders of the virus in the school setting. Unvaccinated students run the risk of unknowingly transmitting COVID-19 to older teachers, coaches and staff at risk of more severe disease.



What changes after vaccination:

- ✓ You can gather indoors with other fully vaccinated friends and family without wearing a mask.
- ✓ You can gather indoors with unvaccinated people from one other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19.
- ✓ If you've been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms. *One exception: If you live in a group setting (like a dorm or group home), and your roommate has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.*

In public and at school, you should still take precautions, such as wearing a mask, staying at least 6 feet apart from others and avoiding crowds and poorly ventilated spaces. Experts are still researching things like how long the protection from the vaccine lasts and if it prevents you from giving the disease to other people and will update the guidance for vaccinated people as new information emerges.



For more information visit: www.OurShot.IN.gov



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After vaccination:

After you get the shot, you will be asked to stay for 15-30 minutes to monitor for reactions, which are rare. Many people will have no side effects. Some may experience:



- Pain or swelling at the injection site
- Headache
- Chills
- Fever (usually less than 100.4 degrees F)



Call your doctor if the arm in which you got the shot feels worse after 24 hours or if your side effects do not go away after a few days.

The vaccine can't give you COVID-19.



The science behind the vaccine:

Coronaviruses, like the one that causes COVID-19, are named for the crown-like spikes on their surface called spike proteins. These spike proteins are ideal targets for vaccines. The Pfizer vaccine uses messenger RNA (mRNA), a genetic material that teaches your body how to make copies of the spike protein. Learn more at <https://bit.ly/3INOZ58>.



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