



Dear Reed City Middle & High School Parents,

The mission of Spectrum Health Big Rapids and Reed City Hospitals is to improve the health of the communities we serve. Keeping kids healthy by providing free flu vaccines each year is just one way that our hospital reaches out to our community.

We will administer the 2021-2022 seasonal flu vaccine at Reed City Middle & High School on **Thursday, October 28<sup>th</sup>**.

In order for your child to be vaccinated, we ask that you read the attached Vaccine Information Statement carefully and answer all of the questions on the consent form. **Please return the completed and signed consent form to the school in time for the scheduled flu vaccine clinic.**

We appreciate you and your family partnering with Spectrum Health Big Rapids and Reed City Hospitals by taking this time and opportunity to get your child immunized. Early vaccination and good hand hygiene are two very important steps in the prevention of disease transmission.

You and your children's health are very important to us as we strive to keep our community healthy and growing.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Lombard".

Scott Lombard  
Manager of Community Outreach & Health Education  
Spectrum Health Big Rapids & Reed City Hospitals  
Spectrum Health United & Kelsey Hospitals  
231.592.4493

### **Vaccine Clinic Facts**

1. The school will send a letter and consent for vaccination with your child. Please look this over and call Scott (231.592.4493) with any questions or concerns. Contact your family physician if you are unsure if your child should receive this vaccination.
2. The questionnaire/consent for vaccination form should be completed and returned to the school office if you wish to have your child vaccinated.
3. Your child will be brought down to the flu clinic, 2-3 students at a time, by a member of the school faculty and will remain in close proximity to your child while they are vaccinated.
4. Very often children are frightened during flu vaccination. They cry and often struggle with the nursing staff. Please notify your child that the nursing staff will attempt to hold the child in their lap, place their arms around the child, and hold them securely to reduce the risk of injury to the child during vaccination. (see the illustration below).
5. *If your child continues to struggle during vaccination and puts additional risk for injury on themselves and the nursing staff, your child will NOT receive the flu vaccine and will be given a letter to take home so that you are aware that we were unable to vaccinate your child.*
6. After vaccination, Spectrum Health will place a record of the vaccination in the Michigan Care Improvement Registry (MCIR) so that it is readily available to the health department and your family physician for your records.

*Illustration for safe holding of a child:*



**Questionnaire/Consent - Seasonal Influenza Vaccination (Pediatric) Ages 3-18**

**Reed City Middle & High School**

Please answer the following questions by checking the boxes marked "YES" or "NO"

YES      NO

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your child ever received the immunization vaccine before? (If answering "NO", a second dose of this vaccine may have to be given 30 days after receiving the initial vaccine.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your child allergic to eggs, egg products, neomycin, streptomycin, mercurial products such as Thimerosal (common in eye wash solutions) or has your child ever had a serious allergic reaction to a previous dose of influenza vaccine?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your child have an immune deficiency? If so, this vaccine may not be completely effective. Please contact your child's physician to see if he or she needs an additional dose.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has your child taken a medication or undergone treatment that lowers the body's resistance to infection (for instance, cortisone, prednisone, certain anticancer medications or irradiation)? If so, this vaccine may not be completely effective. Please contact your child's physician to see if he or she needs an additional dose. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your child have an active neurological disorder or been diagnosed with Guillain-Barre Syndrome? If so, your child will need evaluation from his or her physician before receiving this injection.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does your child have a latex allergy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If Spectrum Health's free school flu vaccine program was not available for your child, would your child receive the vaccination somewhere else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. If your child has been vaccinated through this program in prior years, have you found it to be beneficial?   |

If yes, please explain: (Did they get sick less? Did they miss less days of school?) \_\_\_\_\_

I have read the questions above and answered them to the best of my knowledge. I have read or have had explained to me the information on the CDC fact sheet about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine.

By signing and returning this form, I am authorizing Spectrum Health Big Rapids and Reed City Hospitals to vaccinate the child named against influenza.

Child's name (**Printed**): \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Child's Sex:    M    or    F    (please circle)

Each child will be offered a Dum Dum sucker and a sticker following the injection. If you disapprove of this, please check this box. ☐

Signature of parent or legal guardian: \_\_\_\_\_

Today's date: \_\_\_\_\_

*This area to be filled in by staff:*

\_\_\_\_\_  
LOT NUMBER      EXP DATE      SITE INJECTED      CMA or NURSE SIGNATURE



## 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/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?

**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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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

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#### 4. Risks of a vaccine reaction

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

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#### 5. What if there is a serious problem?

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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 members do not give medical advice.*

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#### 6. The National Vaccine Injury Compensation Program

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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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- 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/flu](http://www.cdc.gov/flu).

