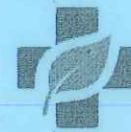


# Vernon County Health Department



Protecting and Promoting a Healthy Community Since 1921  
318 Fairlane Drive (Co Hwy BB) PO Box 209 Viroqua, WI 54665-0209  
Phone 608-637-5251 FAX 608-637-5514

Dear Parent:

Vernon County Health Department will be offering Influenza vaccine to all children and students free of charge in the Kickapoo School District **Friday, October 23<sup>rd</sup>, 2020**

The Centers for Disease Prevention and Control (CDC) recommends that all individuals regardless of age receive the Influenza vaccine this year. The vaccine contains four strains, one of which is the H1N1, so protection will be available for the most prominent strains expected to appear in 2020-2021 flu season.

A clinic has been planned for Friday, October 23<sup>rd</sup>, 2020. This year the Vernon County Health Department staff will utilize a mobile immunization clinic located in your schools parking lot. We will be on location from 7 am to 3 pm. In years past, nursing staff have assisted smaller children, if needed, to hold still for the immunization, but due to COVID best practice directives, we will not be able to do this this year. **If your child needs to be held to remain still for the immunization, you will have to be present and assist with holding your child to receive the vaccine safely.**

We are enclosing a consent form for your signature along with a Vaccine Information Form that discusses the vaccine. Please review the materials and return the signed consent form to the **school secretary or classroom teacher no later than Monday October 19<sup>th</sup>**. If you wish to be present for the vaccine, you are welcome to do so.

If you have any further questions/concerns, please feel free to contact the Kickapoo School Nurse, Trish Helgerson, RN, BSN or Vernon County Health Department. We look forward to seeing your child on Friday October 23<sup>rd</sup>, 2020. It is very important that we protect your child from complications of Influenza.

Trish Helgerson, RN, BSN  
Kickapoo School Nurse

Amy Kleiber, RN, BAN  
Interim Director/Health Officer



## 2020-2021 SEASONAL INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2020-2021 seasonal influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: \_\_\_\_\_ City \_\_\_\_\_

Student's Name (Last, First, Middle initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Birthdate Month _____ Day _____ Year _____		Student's Age	School Grade	Parent/Guardian Daytime Phone Number (____) _____	
Home Address	P. O. Box	City	County	State	Zip Code
Parent/Guardian's Name		Okay to share the seasonal influenza immunization data with the Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please answer the following questions (circle Yes or No):**

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

**CONSENT FOR CHILD'S VACCINATION:**

I have read, or have had explained to me, the Vaccine Information Statement (VIS) for the 2020-2021 seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**BILLING INFORMATION**

\_\_\_\_\_ Medicare Part B    \_\_\_\_\_ Medicaid    \_\_\_\_\_ GLHP/Senior Preferred    \_\_\_\_\_ School Insurance  
 \_\_\_\_\_ Private Pay    \_\_\_\_\_ Other Insurance

Insurance Name: \_\_\_\_\_ Subscriber/Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other

<b>FOR OFFICE USE</b>	VIS date: 8/15/2019
Clinic/Office Address _____ Kickapoo Schools _____	
2019-2020 Seasonal Flu: Route (circle one) = IM    Body site (circle one) = RD or LD    Dose (circle one): 1 or 2	
Manufacturer _____ Sanofi Pasteur _____ Lot No. _____ UT7035JA Exp 6-30-21 _____	
Signature and title of person administering vaccine: _____	
Date vaccine administered: _____	