



Health Related Services



Dear Parent/Guardian:

The Houston County Health Department is partnering with the Houston County Board of Education to provide a flu vaccination program to children at school at no out-of-pocket expense to you. Every year many children are infected by the influenza virus, causing serious illness and missed days of school. Also, an infected child can spread the flu to other members of the family. Vaccination is the best way to protect your child from this potentially serious disease.

**TO SIGN YOUR CHILD UP FOR A FLU VACCINE:**

- 1. Read the Vaccine Information Statement *Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know* to learn more about the flu vaccine. The information statement is attached to the consent form.  
***The Influenza (Flu) Vaccine (mist, live, Intranasal) will not be available this year.*****
- 2. Complete the attached School Based Influenza Vaccine Consent Form. Please be sure to answer all of the health questions for the nurses to review. Students with incomplete consent forms will not be able to receive the flu vaccine at the school clinic.**
- 3. Return the consent form to the school before the flu clinic date scheduled for your school.**
- 4. If your child is covered by ANY insurance plan, please indicate the name, group number, and policy number on the consent form. Please attach a copy of your insurance card to the consent form if your child will be receiving the vaccine. This information is for administrative purposes at the Houston County Health Department. The following companies: Blue Cross Blue Shield, Cigna, Aetna, Coventry/Mailhandler's, United Healthcare (SHBP only), and Medicaid (Peachstate, Wellcare, CareSource Amerigroup) will be billed for the vaccine administration.**
- 5. If for some reason your child is given the flu vaccine by another provider before the school flu date, please notify the school so that your child's consent form can be removed.**

**\*\* A child with a severe allergy to eggs or latex will not be able to receive the vaccine in the school clinic. \*\***

If your child is under the age of 9, he or she may need a second dose of the flu vaccine to gain the best protection against the influenza virus. You will be notified if an additional dose of the flu vaccine is needed.

For your convenience, a copy of the school flu clinic is located on the back of this form.

If you have any questions, please contact the Health Related Services department at 478-218-4618.

Health Related Services  
Houston Co. Board of Education



Elementary Schools	Date	Time
Quail Run Elementary	Oct. 19	1:00 p.m. - 3:00 p.m.
David Perdue Primary	Oct. 24	9:00 a.m. - 11:00 a.m.
David Perdue Elementary	Oct. 24	1:00 p.m. - 3:00 p.m.
Pearl Stephens Elementary	Oct. 29	9:00 a.m. - 11:00 a.m.
C.B. Watson Primary	Oct. 29	1:00 p.m. - 3:00 p.m.
Matt Arthur Elementary	Oct. 30	9:00 a.m. - 11:00 a.m.
Bonaire Elementary	Oct. 30	1:00 p.m. - 3:00 p.m.
Parkwood Elementary	Oct. 31	9:00 a.m. - 11:00 a.m.
Westside Elementary	Oct. 31	1:00 p.m. - 3:00 p.m.
Lindsey Elementary/Elam @ LES	Nov. 1	9:00 a.m. - 11:00 a.m.
Northside Elementary	Nov. 1	1:00 p.m. - 3:00 p.m.
Hilltop Elementary	Nov. 2	9:00 a.m. - 11:00 a.m.
Russell Elementary	Nov. 2	1:00 p.m. - 3:00 p.m.
Shirley Hills Elementary	Nov. 5	9:00 a.m. - 11:00 a.m.
Miller Elementary	Nov. 5	1:00 p.m. - 3:00 p.m.
Eagle Springs Elementary	Nov. 6	9:00 a.m. - 11:00 a.m.
Centerville Elementary	Nov. 6	1:00 p.m. - 3:00 p.m.
Langston Road Elementary	Nov. 7	9:00 a.m. - 11:00 a.m.
Tucker Elementary	Nov. 7	1:00 p.m. - 3:00 p.m.
Morningside Elementary	Nov. 8	9:00 a.m. - 11:00 a.m.
Kings Chapel Elementary	Nov. 8	1:00 p.m. - 3:00 p.m.
Lake Joy Elementary	Nov. 9	9:00 a.m. - 11:00 a.m.
Lake Joy Primary	Nov. 9	1:00 p.m. - 3:00 p.m.

Middle Schools	Date	Time
Perry Middle	Oct. 15	9:00 a.m. - 11:00 a.m.
Mossy Creek Middle	Oct. 15	12:30 p.m. - 2:30 p.m.
Thomson Middle	Oct. 16	9:00 a.m. - 11:00 a.m.
Northside Middle	Oct. 16	12:30 p.m. - 2:30 p.m.
Feagin Mill Middle	Oct. 17	9:00 a.m. - 11:00 a.m.
Warner Robins Middle	Oct. 17	12:30 p.m. - 2:30 p.m.
Transition Academy @ WRM	Oct. 17	12:30 p.m. - 2:30 p.m.
Bonaire Middle	Oct. 18	9:00 a.m. - 11:00 a.m.
Huntington Middle	Oct. 18	12:30 p.m. - 2:30 p.m.
HC Crossroads Center	Oct. 19	9:00 a.m. - 11:00 a.m.

High Schools	Date	Time
Perry High/Central Office	Oct. 22	10:30 a.m. - 12:30 p.m.
Veterans High	Oct. 23	10:30 a.m. - 1:00 p.m.
Northside High	Oct. 23	11:00 a.m. - 1:00 p.m.
Houston County High	Nov. 13	11:00 a.m. - 1:00 p.m.
Warner Robins High	Nov. 13	11:00 a.m. - 1:00 p.m.



**School Based Influenza Vaccine Consent Form**  
 \_\_\_\_\_ **County Health Department**

**Section 1: Information about Student to Receive Influenza Vaccine (please print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	SCHOOL NAME:	Student ID/Lunch No.:
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)		STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY (Please Circle) Not Hispanic/Latino    Hispanic Latino		RACE (Please Circle) African American, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific		PARENT/ LEGAL GUARDIAN'S NAME	
HOME ADDRESS				PARENTAL/ GUARDIAN PHONE NUMBER(S)	
CITY		STATE	ZIP CODE	PARENTAL/ GUARDIAN E-MAIL	
INSURANCE INFORMATION: Do you have insurance that covers vaccines? <input type="checkbox"/> Yes / <input type="checkbox"/> No Please check health insurance provider below: <input type="checkbox"/> Medicaid (Amerigroup, Wellcare, Peach State, Caresource) <input type="checkbox"/> Cigna <input type="checkbox"/> No Insurance <input type="checkbox"/> Peachcare(Amerigroup, Wellcare, Peach State) <input type="checkbox"/> United Healthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Coventry <input type="checkbox"/> Aetna <input type="checkbox"/> Secure Health <input type="checkbox"/> other _____				Provide the insurance information for the provider selected & attach a copy of the insurance card to this form Policy Holder Name _____ Policy Holder Date of Birth _____ Group# _____ Member ID # _____	

**Section 2: Medical Information:** *The following questions will help us to determine if this student can receive the influenza vaccine.*

*\*Please circle Yes or No for each question.*

1. Has the student received any vaccines in the last four weeks? If yes, please list:	Yes	No
2. When was the student last vaccinated for flu?	DATE: _____	
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)	Yes	No
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)	Yes	No
8. Does the student have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	Yes	No
9. Is the student or could the student be pregnant?	Yes	No
10. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No
Comments: _____		

**Section 3: Consent:** *If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.*

**I GIVE CONSENT** to the North Central Health District (NCHD) for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines. I have had a chance to ask questions which were answered to my satisfaction. I acknowledge that I have reviewed and understand the Notice of Privacy Practices for NCHD which is available at northcentralhealthdistrict.org or at my local health department. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the influenza vaccine.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR CLINIC USE ONLY**

Influenza Vaccines	Date Dose Administered:	Mfg:	Lot #	Exp Date:	VIS Date:	Signature of Nurse:
<input type="checkbox"/> Quadrivalent (IIV4)	IM    LA / .RA				08/07/15	_____ Date: _____
<input checked="" type="checkbox"/> FluMist	intranasal				08/07/15	_____ Date: _____