



**They may look cool...but we don't want
Flu Monsters in OUR SCHOOLS! Help us...**

SHOO the FLU!

Your DeSoto County School has partnered with Super Drugs Pharmacy to provide flu vaccinations to students during school! This vaccine will protect against all three strains expected to circulate this year. Our friendly pharmacists and staff will hold vaccination clinics during September, October, and November of this year. Your school will notify you of specific dates prior to the clinic so that you and your child are prepared and also to verify that your child is not sick at the time of the vaccination. You have the option to accept or refuse this service for your child; however, we hope you will take this opportunity to help us to keep the flu monsters out of DeSoto County Schools this year!

In order to keep all students safe and healthy, it is necessary to receive a signed consent form for any student who will receive the vaccine. If you accept this service and wish for your child to be vaccinated, please complete the attached form and return to your homeroom teacher by **September 4th**. For questions please email ksimerly@superdrugsrx.com or call 662.449.7876 between 8:30am and 4:30pm, Monday through Friday.

Please visit the CDC's influenza website at www.cdc.gov/flu and also www.cdc.gov/flu/parents for resources especially for parents. See reverse side for 2015-2016 Vaccine Information Statement (VIS).

- Studies show that when more people are vaccinated, the whole community benefits from reduced flu cases!

- The 2015-2016 flu will protect against 3 strains of flu, including H1N1

- Everyone over 6 months old is advised to get the flu vaccine

TIPS TO STAY HEALTHY

Wash hands with soap

Cover your mouth with sneezing/coughing

Avoid sharing drinks

Dirty tissues in the trash



**SUPER
DRUGS
PHARMACY**

Horn Lake 662.280.7455
Hernando 662.449.3414

www.superdrugsrx.com

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
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May. Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact. Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse. Flu 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. Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2. Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season. Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available. There is no live flu virus in flu shots. **They cannot cause the flu.**

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. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection. It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season. Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

3. Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).** Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4. Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible. Most people who get a flu shot do not have any problems with it. If these problems occur, they usually begin soon after the shot and last 1 or 2 days. **Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death. The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/

5. What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness – usually within a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. *VAERS does 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. Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7. How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine 8/7/2015 42 U.S.C. § 300aa-26 Department of Health and Human Services Centers for Disease Control and Prevention



Parents & Guardians – We Need Your Autograph!

2015-2016 Influenza Vaccine Consent Form-FLU SHOT



Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)			(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year	
PARENT/LEGAL GUARDIAN'S NAME (Last)			(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS					PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP	STUDENT SOCIAL SECURITY NUMBER:			
STUDENT'S DOCTOR'S NAME (Last, First)			City , State		Phone	
SCHOOL NAME			HOMEROOM TEACHER'S NAME		GRADE	

Section 2: Screening for Vaccine Eligibility

Was your child vaccinated with the seasonal influenza vaccine after July 1, 2015? YES NO

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Insurance

Super Drugs will bill your child's vaccination to his/her prescription insurance or MS Medicaid, if applicable. Please provide the following information, normally found on your child's prescription insurance card or attach a copy of the card.

Insurance Company	ID Number	Rx Group Number	BIN Number	Policy Holder
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Section 4: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2015-2016 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to SUPER DRUGS PHARMACY and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, your child will not be vaccinated)

***YOU WILL BE NOTIFIED OF SPECIFIC CLINIC DATES AND TIMES PRIOR TO ADMINISTRATION OF THE VACCINE.**

Signature of Parent/Legal Guardian _____ Date _____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	IM	/ /			