



BRANFORD SCHOOL BASED HEALTH CENTER Branford High School

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Branford High School

Ada Fenick, MD
Medical Director

Dear Parents/Guardians:

Once again this year, the School Based Health Center will be offering the influenza vaccine to all students enrolled at the School Based Health Center. If you would like your child to receive the flu vaccine (shot) at the School Based Health Center, please complete the flu permission form and return it to the Health Office. If your child is not enrolled in the School Based Health Center please complete the School Based Health Center enrollment form as well. Receiving the flu vaccine at the School Based Health Center does not obligate you to any further services. Your primary care provider will be notified that the flu vaccine has been given to your child.

A link for the CDC Vaccine Information Statements can be found at:

Fluzone (shot): <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>
Flumist (spray): <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.pdf>

Thank you,

Carrie Federici, APRN



School Based Health Centers

BRANFORD PUBLIC SCHOOLS

Seasonal Flu Vaccine 2018-2019



Branford SBHC's are satellite clinics of Yale-New Haven Hospital

SBHC Information

Mary T. Murphy

Phone: (203) 488-4151

Walsh Intermediate

Phone: (203) 315-3533

Branford High School

Phone: (203) 315-6727

Not signed up for the SBHC?

See our link, School Based Health Center, at www.branfordschools.org

Student Name: _____
Date of Birth: _____ Grade: _____ Team: _____
Address: _____
Phone #: Cell _____ Home _____
Insurance Company: _____ No Insurance
Policy # _____ Group Name: _____
Group #: _____ Pediatrician: _____

Please answer the following questions. CIRCLE YES or NO.

1. Does your child have any chronic illness or medical condition (for example, asthma) that we should know about? YES or NO
If YES, please list: _____
2. Has your child ever been diagnosed with Guillian-Barre Syndrome? YES or NO
3. Is your child allergic to eggs or egg products? YES or NO
4. Did your child receive the flu vaccine last year? YES or NO.
5. Has your child ever had a reaction to the flu vaccine? YES or NO
6. Do you want to be present when your child receives the vaccine? YES or NO
7. Has your child had any other vaccinations in the last 4 weeks? YES or NO

By signing below, I give permission for my child to receive the flu vaccine at the SBHC during the 2018-2019 school year.

Please sign and date below:

Signature: _____
Signature (print): _____ Date: _____
Relationship to Child: _____

Enrollment Information

Our School Based Health Center is committed to treating each child in a comprehensive and confidential manner. The health center staff works closely with the school nurses and other key school personnel to offer health care that is in the best interest of each child. In order to enroll your child, parents and guardians **MUST** complete and sign the center's registration/permission form. .

Questions? Call the number on the left and we will be happy to speak to you!