



Dear Parent/Guardian,

Rutherford County Schools is pleased to join with Health Heroes of Tennessee to offer flu vaccinations to students at school during school hours, on \_\_\_\_\_.

Health Heroes flu vaccination clinics are completely voluntary and are offered to ALL consented students, regardless of their insurance coverage.

**Why get a flu vaccine?**

The best way to minimize or avoid the spread of flu is to get an annual flu vaccination. Each year the vaccine protects against new strains, so the vaccine should be administered annually.

**Who is Health Heroes, Inc.?**

At Health Heroes, we specialize in on-site vaccination clinics. Vaccines are provided at **NO COST** to students, parents, schools or local/state government. We bill both Medicaid and private insurance; however, we never bill students or parents for any out-of-pocket expenses or deductibles. Qualifying uninsured students can be given the vaccine free of charge. Although student participation is voluntary, these vaccinations are recommended to help keep schools healthy and cut down on high absenteeism.

**What type vaccines will be given?**

IIV-4 injections will be available to all consented children who do not have any contra-indicators. All vaccines given are preservative-free, mercury-free, Thimerosal-free and administered by state-licensed nurses.

**What do you need to do to participate?**

If you wish for your child to participate, please COMPLETELY fill out and sign a consent form. These forms need to be returned to your child's school prior to the clinic date to secure a dose for your child.

If you have questions or concerns, please contact the Health Heroes at 1-256-627-9261 or at **tn@healthherousa.com**. For further information you can also visit our website at **www.healthherousa.com**. We hope to see your child in clinic!

Warmest regards,  
Liberty Duke, CEO  
HNH Immunizations / Health Heroes, Inc.

# Flu Vaccine Consent Form



School Name: \_\_\_\_\_

Clinic Date: \_\_\_\_\_

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:		MIDDLE INITIAL		LAST NAME of Student:	
Gender: Male Female	Birthdate: (mo,day,yr)			Age	Homeroom Teacher / Grade
Address			Phone # ( ) -	Mother's Maiden Name: (For registry)	
City	Zip Code	State		Student Race: (Circle one) African American / Black White Alaskan/ Native-American Asian Hawaiian / Pacific Islander Other Ethnicity: (circle one) Hispanic Non-Hispanic	
Email address:					

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's health insurance:

Medicaid <input type="checkbox"/>	My child does NOT have health insurance <input type="checkbox"/>	Insurance Company:
Policy Holder's First Name:		Policy Holder's Last Name:
Member ID:		Policy Holder's Date of Birth: (mo,day,yr)

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life-threatening reaction(s) to the flu vaccine in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had Guillain-Barre' syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your child have an allergy to eggs?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child have a blood disorder such as hemophilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will this be the first time your child has ever received a flu vaccination?
<p>IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0269 TO SPEAK TO A REPRESENTATIVE.</p>		



I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, HNH Immunizations, Inc., MaxVax LLC, & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. I acknowledge that I am giving permission for HNH Immunizations, Inc. to adjudicate and appeal claims with my insurance providers on my behalf. Clinic dates can be obtained from the school. I understand that the health-related information on this form will be used for insurance billing purposes and your privacy will be protected. I request and voluntarily consent for the vaccine to be given and recorded in Imprint for the person listed above.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Relationship to Child	Date
---------------------------------	------------------------------	-----------------------	------

VIS CDC IV 08/15/2019 LOT Number: _____ RN # _____ <b>AREA FOR OFFICIAL ADMINISTRATION USE ONLY</b>	FLUCELVAX EXP Date: _____ Date: _____	<b>Health Heroes of Tennessee</b> TN@healthherousa.com <b>256-627-9261</b>	
--	---	--	--

## Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Some vaccine ingredients, including egg proteins, may cause an allergic reaction in some people. See [www.cdc.gov/vaccines/imz/faq.htm](http://www.cdc.gov/vaccines/imz/faq.htm) for more information. Types of influenza virus vaccine also depend on whether you receive your vaccine. Visit [www.influenzavaccine.com](http://www.influenzavaccine.com)

### 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 of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greater 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 those of four viruses that are 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 vaccine 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-Barre Syndrome (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

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.

### 4 Risks of a vaccine reaction

• Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.

• There may be a very small increased risk of

Coulier-Barre Syndrome (CBS) after inactivated influenza vaccine (like the 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 the 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, either within minutes or death.

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

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a

severe allergic reaction (trouble 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.

Allergic 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 1-800-832-7967. VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at [www.hhs.gov/vaccinecompensation](http://www.hhs.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC).  
Call 1-800-232-6636/1-800-CDC-INFO or  
Visit CDC's [www.cdc.gov/flu](http://www.cdc.gov/flu)



Vaccine Information Statement (Injury)  
**Inactivated Influenza Vaccine**



Page 29 of 36

