

Vaccinate your child against flu at school!

Dear Parents/Guardians:

Influenza is a serious disease that can cause hospitalization and sometimes even death. A flu shot is an excellent way to help prevent this disease. The New Mexico Department of Health will be working with your child's school to offer flu shots to students. The flu shot will be provided at no cost to you at your child's school.

**All children are eligible to get the flu shot.
There is no need to make a doctor's appointment or take time off
to get your child vaccinated against the flu!**

CDC and Pediatricians recommend all children 6 months through 18 years be vaccinated against the flu **every year.**

For the 2019-2020 flu season, only the injectable flu shot will be available at your child's school.

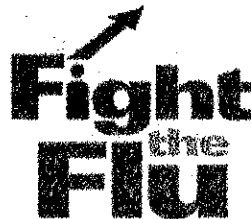
If you want your child to get a **flu** shot at school, please:

1. Completely **fill out** the consent form.
2. **Sign** the consent form if you **want your child** to get the flu shot.
3. **Return** the form to the **school nurse** as soon as possible.

All children, whether they have insurance or not are eligible. To participate, it is necessary for you to complete the medical screening questions and insurance section on the form for you child.

Your school nurse will review the completed consent form and medical screening questions to determine if your child can receive the injectable flu shot at school. Some children cannot receive flu vaccine due to medical reasons like an allergy to eggs or a reaction to a flu vaccine in the past.

For children younger than 9 years old, two doses of influenza vaccine may be needed. Please contact your healthcare provider or public health office to receive a 2nd dose if needed.



It starts with you

Together let's keep our children and schools healthy and free from flu!

If you have questions about the flu or flu vaccine, please visit the New Mexico Department of Health Immunization Program website at www.immunizenm.org, or contact your local public health office.

SCHOOL IMMUNIZATION CONSENT FORM

Update: August 2019

Texico Municipal Schools
PO Box 237
520 N. Griffin St.
Texico, N.M. 88135

For school office use only. Please return this form to the school address here

Please fill in form completely – required fields are marked with an asterisk (*)

*Student's Legal Last Name:		*First Name:	MI:
*Date of Birth: _____ Age: _____ Month/ Day / Year	*Mother's Maiden (birth) Name:		*Mother's First Name:
*Mailing Address:	*City:	*State: NM *Zip:	
*Daytime Phone:	* Student ID#: _____ * Grade: _____	*School: _____ *Teacher: _____	
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Remind Me: I consent to vaccine reminders by email, text, phone call, or mail for the person receiving the vaccine.

INSURANCE INFORMATION – Please mark appropriate category – REQUIRED*

Centennial Care/Medicaid:
Select your Centennial Care Plan: Blue Cross Blue Shield Presbyterian Western Sky Community Care Other _____
Centennial Care (Medicaid) Card ID #: _____ Health Insurance Member ID #: _____ Group #: _____

My child has private or commercial health insurance.
 My child does not have health insurance.

SELECT THE VACCINE(S) YOU WOULD LIKE YOUR CHILD TO RECEIVE AT SCHOOL:

Influenza Quadrivalent Injactable Vaccine (Flu Vaccine)

MEDICAL SCREENING QUESTIONS FOR CHILDREN AND TEENS – REQUIRED

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	I don't know
1. Is the child sick today?			
2. Does the child have allergies to medications, food, a vaccine component, or latex?			
3. Has the child has a serious reaction to a vaccine in the past?			
4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g. diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?			
5. Has the child, sibling, or parent had a seizure; has the child had a brain or other nervous system problems?			
6. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?			
7. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?			
8. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?			
9. Is the child/teen pregnant or there is a chance she could become pregnant during the next month?			
10. Has the child received vaccinations in the past 4 weeks?			

CONSENT FOR VACCINATION*

I have read or have had explained to me the information in the Vaccine Information Statement (VIS) for the disease(s) and vaccine that I have selected for my child on the attached letter. I understand the benefits and risks of each vaccine and consent that the vaccines I have selected to be given to the above named child. I understand that some vaccines are given in a series over a period of time that by signing this form I consent to all the vaccines including those needed to complete a series. **I will contact the school nurse to withdraw this consent if my child is immunized before the date of the school clinic or for any reason.** Unless I sign a statement signifying otherwise, I allow immunization information to be entered into the New Mexico Statewide Immunization Information System (NMSIIS) and be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The revised DOH Privacy Policy is at <https://nmhealth.org/help/privacyamd> will be provided to all student when they receive an immunization.

*Signature (Client/Guardian): _____ *Date: _____
*Print Name (Client/Guardian): _____
*Name of Child (if a minor): _____ *Date of Birth: _____

DIRECT NMSIIS ENTRY OF VACCINES ADMINISTERED IS REQUIRED within 10 days of administration.

This form was designed for NM DOH public health offices and program use only. NM DOH is not responsible for data entry or vaccine administration from outside health entities and expressly disclaims liability for any associated errors as a result from utilization of this form.

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

When you receive this vaccine, you will receive information about the vaccine and what to expect. This information is important to help you understand the risks and benefits of the vaccine.

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 it spreads easily 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

The flu can 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.

- The vaccine can:
 - keep you from getting flu.
 - make the less serious 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 (October to November). Through 3 years of age, you 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 naturally-killed preservative called thimerosal. Studies have not shown thimerosal in vaccine to be harmful, but flu vaccines that do not contain thimerosal are available.



Thimerosal is a naturally-occurring preservative that is used in some vaccines. It is not a mercury compound.

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 those or other viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine does a good job of matching these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine.
- illnesses that look like the flu but are not.
- flu that spread 2 weeks before protection is developed after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergic reactions after a dose of the vaccine, or have a serious allergy to any part of the 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-Barre Syndrome (also called GBS).

Some people with a history of GBS should not get the vaccine. This should be discussed with your doctor.

- If you are not feeling well.
- If it is usually okay to get the 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.

Most problems following a flu shot include:

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

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

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

- There may be a small increased risk of Guillain-Barre 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 the vaccine.
- Young children who get the 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, but your doctor will warn you about this. Tell your doctor if a child who is getting the vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccinations. 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 lightheaded after you get the shot.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.

Any reaction can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and usually 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 respiratory or death.

The safety of vaccines is always being monitored. For more information, visit www.fda.gov/vaccine-safety/

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. These would start 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 1-800-611-7967.

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 their filing a claim by calling 1-800-338-2587 or visiting the VICP website at www.hhs.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 1-800-338-4636 (1-800-CDC-INFO), or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 302aa-26

