



## Health Department

729 Clay Street  
Darlington, WI 53530  
P. 608-776-4895  
F. 608-776-4885

October 2020,

A new school year is here and influenza (flu) season will be upon us soon. The best way to keep our students healthy is to immunize them against the flu. Lafayette County Health Department is working with your child's school to give the seasonal flu vaccine to children at school. This year's vaccine is Quadrivalent and will protect against four influenza strains that are expected to circulate this year.

Flu vaccinations will be provided, FREE of charge, to school aged children (3-18 years of age) as part of a mass immunization exercise. Not only is this a way to vaccinate a significant number of children against the seasonal flu, the exercise will also serve as practice and testing of the area public health response in the event of a sudden or serious public health emergency.

We will be holding the school flu vaccination clinic on: **Wednesday, October 28, 2020.**

For seasonal flu vaccine information statements, please visit the CDC's influenza web pages at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>.

We will no longer be offering the nasal spray as an option for vaccination. Research has shown it to be significantly less effective than the injection. While this may be a significant change for your child, it does not lessen the importance of being vaccinated. The recommendation continues to be that vaccination (by injection) is your best protection against the flu. If you have any questions about the vaccine or the vaccination clinics, please contact us at 776-4895 between 8:00 AM and 4:30 PM.

**\*\*If you desire to have your student vaccinated for influenza, please complete the vaccine consent form and return to school by Monday, October 26, 2020.**

Sincerely,

Julie Leibfried, RN, BSN



## Lafayette County Health Department

**\*\* DO NOT RETURN this form if you do not want your child to receive a vaccination at the school based clinic.**

Information collected on this form will be used to document permission for your child to receive the seasonal influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: Argyle

Student's Name (Last, First, Middle initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Birthdate Month _____ Day _____ Year _____	Student's Age	School Grade	Parent/Guardian Daytime Phone Number (    ) _____		
Home Address	P.O. Box	City	County	State	Zip Code
Parent/Guardian's Name		Okay to share immunization data with the Wisconsin Immunization Registry (WIR) ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Please answer the following questions (circle Yes or No):**

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list: _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

***\*If you answered YES to any of the above questions, please contact your doctor for the flu vaccination.***

### CONSENT FOR CHILD'S VACCINATION:

**I would like my child to receive the influenza vaccine.**

**\*\* DO NOT RETURN this form if you do not want your child to receive a vaccination at the school based clinic.**

I have read, or have had explained to me, the Vaccine Information Statement for seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE</b>		VIS date: 08.15.2019
Route = IM	Body site (circle one) = RD or LD / RV or LV	Dose (circle one): 1 or 2
Manufacturer: Sanofi Pasteur	Lot No. <u>UT7011MA</u>	Date vaccine administered: <u>10/28/2020</u>
Signature and title of person administering vaccine: _____		Revised: 10.02.2020