

## Flu Mist is Safe, Effective and Free\*!

Attention Parents/Guardians:

Once again, it's time to register your child for Flu Mist. Flu Mist is an influenza vaccine that is a gentle mist sprayed into the nose. It's a safe and effective way of preventing the flu in your child and in the rest of your family.



\*All students will be offered the Flu Mist nasal spray vaccine at NO COST TO THEIR FAMILIES! However, if your child has health insurance, we are required to collect that information and bill the company for the vaccine. There will be no co-pay or deductible due. Children without insurance will receive the vaccine for free through the Vaccines for Children program. Your child's health insurance status will stay confidential.

Take advantage of this program by:

- **Reading** the Vaccine Information Statement and the Notice of Privacy  
**AND**
- **Filling out** the consent form, attached, and returning it to your child's school, fax to (352) 334-7947, or EMAIL it to; [SLIV@flhealth.gov](mailto:SLIV@flhealth.gov), within 14 days of receipt.  
**(Please note that e-mailing may not be a secure method of communication)**

Home schooled and Virtual learning children may also receive the FluMist at the school, on the scheduled date.

Your school will let you know when your child will be receiving FluMist.

Staff will review your child's form to determine if s/he can receive FluMist. You will be contacted if your child is ineligible to receive the mist. If your child cannot get FluMist, we strongly recommend you arrange for a flu shot as soon as possible.

### **VACCINATING CHILDREN CAN PROTECT THEM AND YOUR FAMILY FROM FLU ALL YEAR**

- Vaccinating school children can stop the spread of flu infections, creating "Community Immunity."
- The best way to prevent the flu is to get a flu vaccine *every year*.
- The FluMist vaccine protects against four different types of flu.

***Please, complete the consent form even if you do not want your child to participate!***

For more information, visit our website at [Controlflu.com](http://Controlflu.com) or contact the Health Department at (352) 334-7916.





# 2020-2021 Seasonal Flu Mist Vaccine Consent Form

## THIS FORM MUST BE RETURNED

PLEASE COMPLETE THE INFORMATION BELOW (Unreadable and incomplete forms may not be accepted.)

Full, Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT		Name of School	
Parent/Guardian Name (First Name Middle Initial. Last Name)	Relationship to Student	Homeroom Teacher	Grade
Street Address	Email Address	Birth Date (month/date/year)	Age Sex
City:	Zip Code	Home Phone #	Cell Phone #
Demographic Information: (Circle one) White American Indian/Native Alaskan Black Asian Hispanic Other			

<input type="checkbox"/> INSURANCE	<input type="checkbox"/> MEDICAID (Prestige, UHC Community, StayWell/Wellcare, & Sunshine)	<input type="checkbox"/> MY CHILD DOES NOT HAVE HEALTH INSURANCE
The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential. Please fill out the following questions regarding your child's health insurance plan:		
Insurance Company/Medicaid Plan	Member ID:	
Policy Holder's Name:	Policy Holder's Date of Birth:	

### HEALTH QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

<b>Yes</b>	<b>No</b>	<p>1. Do any of the following apply to your child? <i>(If you answer YES, your child cannot receive FluMist unless approved by your child's doctor)</i></p> <ul style="list-style-type: none"> <li>Allergy to gelatin, chicken eggs or egg products</li> <li>Life threatening reaction(s) to flu vaccine in the past</li> <li>Currently receiving aspirin or aspirin-containing therapy</li> <li>Currently has active asthma (regularly taking asthma medication)</li> <li>Has had Guillain-Barre syndrome (very rare)</li> <li>Is pregnant or nursing/breastfeeding</li> <li>Has HIV/AIDS or cancer or has received an organ transplant</li> <li>Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)</li> <li>Has other severe chronic health conditions</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2. Will your child have close contact with a person with a severely weakened immune system? <i>(For example, a protective sterile hospital environment for bone marrow transplant)</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Between Aug. and Dec. 2020, has/will your child receive one of the following vaccines: MMR, MMRV, and/or Chicken pox vaccine (VZV)?

**IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S HEALTH CARE PROVIDER OR CALL THE ALACHUA COUNTY HEALTH DEPARTMENT TO SPEAK WITH A NURSE AT; 352-334-7950**

I have received, read, and understand the CDC Vaccine Information Statement for the live attenuated intranasal flu vaccine (FluMist) and the Notice of Privacy Practices. I have read these documents and understand the risk and benefits of the FluMist vaccine. I give permission to the State of Florida, Department of Health to give my child the first and second dose (if needed) of the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Florida Department of Health policies, to assure optimal healthcare for my child.

**YES, I Want To Help Protect My Child, Family And Community From Flu By Allowing My Child To Receive FluMist!**  
*Home schooled and virtual school students may also receive FluMist at the school on the scheduled date.*

NO, I do not want my child to receive the FluMist Vaccine at school, because \_\_\_\_\_  
*(Optional)*

**OFF CAMPUS STUDENT**  
 **ON CAMPUS STUDENT**

\_\_\_\_\_ Printed Name of Parent/Guardian      \_\_\_\_\_ Signature of Parent/Guardian      \_\_\_\_\_ Date

#### AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

<b>1<sup>st</sup> dose</b> MedImmune (MED) FluMist, Intranasal (NAS), 0.2ml VIS: 08/15/2019 Date Given: _____ Signature/Title _____	<input type="text"/> 1 <sup>st</sup> Vaccine Lot # & Expiration Date Label	<b>2<sup>nd</sup> dose</b> MedImmune (MED) FluMist, Intranasal (NAS), 0.2ml VIS: 08/15/2019 Date Given: _____ Signature/Title _____	<input type="text"/> 2 <sup>nd</sup> Vaccine Lot # & Expiration Date Label
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Notes: \_\_\_\_\_

**Please return to the school, FAX to (352) 334-7947, or EMAIL to; SLIV@flhealth.gov**  
**(Please note that e-mailing may not be a secure method of communication)**



## Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 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 greatest 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 Live, attenuated 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.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

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 three or 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:

- Is **younger than 2 years or older than 49 years** of age.
- Is **pregnant**.
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products**.
- Has a **weakened immune system**.
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months.
- Has **taken influenza antiviral medication** in the previous 48 hours.
- **Cares for severely immunocompromised persons** who require a protected environment.
- Is **5 years or older and has asthma**.
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders**).
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated influenza vaccine.

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

- Runny nose or nasal congestion, wheezing and headache can happen after LAIV.
- Vomiting, muscle aches, fever, sore throat and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, 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 (hives, swelling of the face and throat, difficulty 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.

Adverse 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 1-800-822-7967. *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.hrsa.gov/vaccinecompensation](http://www.hrsa.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 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's [www.cdc.gov/flu](http://www.cdc.gov/flu)

Vaccine Information Statement (Interim)  
**Live Attenuated  
Influenza Vaccine**



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26