



Cahaba
Medical Care

Brent Elem. School Clinic
(p) 205-928-6045
West Blocton School Clinic
(p) 205-928-6046

Parents,

Cahaba Medical Care will be offering the Flu vaccine for any child that has not received the CDC-recommended flu vaccine for the 2022-2023 flu season. We will travel to each school to administer the Flu vaccine by injection according to the schedule below. We will not be offering the nasal form of the Flu vaccine. All Flu vaccines given will be entered into the state vaccine website, Imprint, for your regular physicians to verify the flu vaccine administration date. Vaccine information sheets are attached.

There will not be a copay or a bill charged to the parent for this service. However, the child's insurance will be notified of the shots given during the school event, so for that reason insurance information on all children participating will be collected. If your child is without insurance, they are still able to receive vaccines for free. Attached is a necessary consent form that must be filled out, signed by the legal parent/guardian, and returned to your child's teacher by Friday 09/23/2022 before any vaccines can be given on the assigned dates.

If you sign the consent but your child does not receive the flu shot due to absence or refusal at time of administration, you may contact our school based health clinics at the number listed above to set up an appointment to come get their vaccine shot.

Cahaba Medical Care will not administer any vaccines without proper parental/guardian permission and signature on the vaccine consent forms.

If you have any questions please feel free to contact our School-Based Health Clinic.

Thank you,

Flu Vaccine Clinic Schedule:
09/26/2022: RES, BCHS & WBHS
09/28/2022: WSE, WBES
09/29/2022: CMS, WBMS
09/30/2022: BES, CMS

Lacy Smith, MD and John B. Waits, MD
Cahaba Medical Care School Based Health Clinics

FLU VACCINE CONSENT FORM

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

FIRST NAME of Student:		LAST NAME of Student:	
Gender: Male Female	Birthdate: (mo,day,yr)	Age	School / Homeroom Teacher / Grade
Address		Home Phone # () -	Cell Phone # () -
City	Zip Code	State	Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :
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, even if your child has no insurance coverage. 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)	

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?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT CAHABA MEDICAL CARE SCHOOL BASED HEALTH CENTER

I have read the information about the vaccines 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 or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccines and understand the risks and benefits. I request and voluntarily consent for the vaccines checked above to be given to the person listed above of whom I am the parent or legal guardian and have 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, Cahaba Medical Care & 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 six (6) months and that I will make the school aware of any health changes prior to the vaccination clinic date. 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 that my privacy will be protected.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Area for official administration use only

VIS CDC 8/6/2021
VFC FLULAVAL QUADRIVALENT
LOT # 93CP5
EXP DATE: 6/30/2023
INITIALS: _____
DATE: ___/___/___

VIS CDC 8/6/2021
PRIVATE FLULAVAL QUADRIVALENT
LOT # 9249L
EXP DATE: 6/30/2023
INITIALS: _____
DATE: ___/___/___

CAHABA MEDICAL CARE

SCHOOL-BASED HEALTH CLINICS:

Brent Elementary School - 205.928.6045

West Blocton Elementary School - 205.928.6046

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

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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 and older, pregnant people, 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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-Barré Syndrome** (also called "GBS")

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

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated 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.



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

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu 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 flu 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, 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 or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

