



Fall 2011

Dear Parents,

Doctors recommend that all children 6 months through 18 years of age be vaccinated against influenza (the flu) every year.

The New Mexico Department of Health is working with your child's school to **give children flu vaccine right at school**, so you won't need to miss work.

- FluMist® is sprayed into the nose and does not involve a needle.
- Children like the spray because there is no needle and it's fast, easy and painless.
- Children who cannot receive FluMist® because of medical reasons should receive a flu shot.
- Some schools will be offering both types of vaccines--please check with your school. Otherwise, you can take your child to your healthcare provider.
- If your child is unable to receive flu vaccination at your healthcare provider, you may take him/her to your local Public Health Office to receive flu vaccine.

After the permission form is filled out and returned to the school, the school nurse will determine if your child can get FluMist® based on the health questions on the form. *Children with asthma, or who have long-term health problems such as: heart disease, kidney disease, liver disease, lung disease, diabetes, anemia, cerebral palsy, seizures or a weakened immune system **should receive injectable flu vaccine.***

Flu vaccine provided through the school is **FREE** to you. **Some children younger than 9 years of age may need two doses of influenza vaccine** during the 2011-2012 flu season. **Some children will only need one. The school nurse will help determine how many doses your child needs.** Children age 9 years and older need only one dose. A second school clinic may be held later for children under 9 years of age who need a second dose.

If you want your child to receive influenza vaccine, please **fill out** and **sign** the accompanying form and **return to your school nurse as soon as possible.** **It is important to complete all information at the top of the form, including the insurance information.**

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

**If you have questions about the flu or flu vaccine, please call:
NM Vaccine & Flu Hotline: 1-866-681-5872**



SCHOOL SEASONAL INFLUENZA (FLU) IMMUNIZATION

Forms must be filled in completely

Public Health Division

SKIIP 2011-12

(School name) _____

Parent/Guardian Consent Form

Please return to the school nurse only if you would like the vaccine given at school

Student's last name: _____ First name: _____ Middle name: _____ Gender: M ___ F ___

Mailing address: _____ Zip: _____ Daytime phone: _____

Date of birth: _____ Age: _____ Grade: _____ Teacher: _____ Student ID: _____ Mother's maiden name: _____

Race: African American Am Indian Asian White Other Ethnicity: Hispanic Non-Hispanic

INSURANCE STATUS

Please check appropriate category (required):

- No health insurance
- American Indian
- Medicaid/Salud – place check mark next to plan:
 - Blue Salud Molina Salud
 - Lovelace Salud Presbyterian Salud
 - Medicaid Other: _____

Private/Commercial insurance (required):

- Blue Cross Blue Shield
- Lovelace
- Presbyterian
- United Healthcare
- Other: _____
(indicate company name)

Medicaid Salud # _____

Policy # _____

1. Does your child have any of the following (check all that apply):
- | | | | | | |
|--|-----------------------------------|---|--|---|--|
| <input type="checkbox"/> Guillain-Barré syndrome | <input type="checkbox"/> asthma | <input type="checkbox"/> diabetes | <input type="checkbox"/> lung disease | <input type="checkbox"/> kidney disease | <input type="checkbox"/> liver disease |
| <input type="checkbox"/> anemia | <input type="checkbox"/> seizures | <input type="checkbox"/> cerebral palsy | <input type="checkbox"/> heart disease | <input type="checkbox"/> weakened immune system | |
2. Is your child allergic to eggs, gentamicin sulfate, neomycin, gelatin, or MSG? Yes No Don't Know
3. Has your child ever had a serious reaction to flu vaccine in the past? Yes No Don't Know
- a. Is your child on long-term aspirin therapy? Yes No Don't Know
4. Has your child received a flu vaccination before? Yes No Don't Know
5. If yes, has your child received at least two doses of the flu vaccine in the past? Yes No Don't Know
6. Has your child received any other vaccines in the past 4 weeks? Yes No Don't Know
- If yes, which one(s): _____ Date given: _____

I have been given, read, or have had explained to me information in the Vaccine Information Statement for influenza / influenza vaccine. I understand the benefits and risks of influenza vaccine and request that the influenza vaccine be given to the person above for whom I am authorized to make this request. **If the person above for whom I am authorized to make this request is less than 9 years old and has not had two or more doses of influenza vaccine in their lifetime, I also request a 2nd dose of vaccine be given.** I also allow immunization information to be entered into the New Mexico Immunization Information System (NMSIIS) and/or be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status.

I will contact the school nurse to withdraw this consent if this child is immunized before the date of the school clinic.

Signature of Parent/Legal Guardian _____ Date _____

Print name of Parent/Legal Guardian _____

FOR CLINIC USE (This section must be completed by the medical provider)

Based on the screening questions above, this child may receive: FluMist® Injectable Flu Vaccine

VFC Clinic ID# _____

Date vaccinated _____

NMSIIS entry completed _____

VACCINE:

- FluMist® MedImmune
- TIV Manufacturer _____

Lot # _____

Site of administration: Intranasal

RD LD _____

Provider signature _____

co-signature _____

VIS date: 2011-2012

Dose #2 Date vaccinated _____

VACCINE:

- FluMist® MedImmune
- TIV Manufacturer _____

Lot # _____

Site of administration: Intranasal

RD LD _____

Provider signature _____

co-signature _____

VIS date: 2011-2012

Dose #2 (if needed)

VFC Clinic ID# _____

NMSIIS entry completed _____