



Dear Parent/Guardian:

Margaret Mary Health (MMH) has agreed to give the flu (influenza) vaccine to the students at your child's school on October 30th. MMH highly recommends the FluMist® vaccine which is a gentle nasal spray if your child is eligible to receive it. The nasal spray causes less anxiety in the students. The influenza shot (injection) will also be available to those who are not eligible to receive the nasal spray.

Due to changes in Health Care Reform, most insurance plans, including Medicaid, now cover the flu vaccine. For this reason, Margaret Mary is no longer offering the free flu vaccine to individuals whose insurance covers it. Free flu vaccine will only be given to those that are 18 years and younger who are uninsured or who have contacted their health insurance and were told that their insurance doesn't cover the flu vaccine.

Please keep in mind:

- People with asthma, diabetes or any chronic health condition should receive the flu shot because they are not eligible to receive the FluMist® nasal spray.
- Antiviral medication (Tamiflu, Relenza, Amantadine, Rimantadine) should not be taken within 48 hours prior to receiving the FluMist® nasal spray.

If you have any questions contact:

- MMH Wellness Clinic at (812) 934-0699
- Your school nurse or your healthcare provider

If you want your child to receive the Flu Vaccine at School:

Legibly and completely fill out BOTH forms and returned to school by:

October 9th, 2015, PRIOR
TO FALL BREAK

(No late forms will be accepted.)

Student - Consent for Flu Vaccine

**In order for your child to get the flu vaccine during the school based clinic, you must: 1. Legibly & completely fill out both forms and
2. Return forms to school by deadline**

Child's Legal <u>Last</u> Name:		Child's Legal <u>First</u> name:	Sex: M F	Child's Date of Birth:	
Grade:	School:	Email:			
Address:		City:	St:	Zip:	
Doctor:		Home Phone:		Cell Phone:	

Insurance: It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, please contact the insurance company to verify coverage limitations. The MMH Wellness Clinic's Provider is Dr. Thomas A. DeCilles M.D. Immunizations are billed as "preventative" and may be covered under the wellness category of your insurance plan. The insurance company makes the final determination of your eligibility and coverage.

Please mark **only one** and write in the information requested.

- Medicaid.** Policy #: _____ A child, 0 thru 18 years of age, who has any form of Medicaid, MD-Wise, Hoosier Healthwise, Anthem Medicaid, or MHS (Managed Health Services). The vaccines will be provided for free.
- No Health Insurance.** A child, 0 thru 18 years of age, who does not have health insurance. Vaccines will be provided for free.
- Insurance Does Not Cover Vaccines.** A child, 0 thru 18 years of age, who does not have insurance coverage. Vaccines will be provided for free.
- Insurance Covers Vaccines.** Charges will be submitted to insurance company. Please complete boxes below.

Subscriber's Legal Name (person who actually has the insurance)		Subscriber's Date of Birth	
Insurance Plan Name:	Policy #:	Group #:	
Subscriber's address (if different from above):	City:	St:	Zip:

Consent to Vaccinate: I have been given a copy and I have read, or had explained to me, the information in the Vaccine Information Statement(s) for each vaccine my child will be receiving. I have had a chance to ask questions and fully understand the benefits and risks of each vaccine.

Consent to Treat: I hereby request and authorize MMH-employed physicians and their staff to administer immunization(s) to my child. I authorize staff to perform various serum tests on a sample of my child's blood in the event that a health care worker has accidentally been exposed to his/her blood or bodily fluids.

Release of Information: I authorize MMH staff to release information that may be requested or required by the third party payer (insurance company, government agency or its respective agents, or employer), to the extent necessary to secure payment.

Assignment of Benefits: I hereby authorize payment directly to MMH in return for rendering the services described herein.

Privacy Practices: I understand that the MMH Joint Notice of Privacy Practices provides information about how MMH may use and disclose protected health information. By signing this form I acknowledge that I have either: (a) received and reviewed a copy of the Notice via hard copy or email; or (b) have been offered an opportunity to receive the Notice but do not wish to do so. A copy of the Notice can be requested at any time by contacting (812) 933-5291.

Financial Responsibility: I acknowledge and agree that: (i) I am legally responsible for this account and all costs associated with the collection of this account; (ii) account balances after insurance must be paid in full within thirty (30) days of patient billing, unless other payment arrangements have been made, to avoid collection placement; (iii) any costs or expenses we incur to collect payment from you, including collection fees, attorney fees or other fees will be added to any outstanding balance; and (iv) there will be a \$25.00 service charge on all returned checks.

Release: I knowingly and voluntarily assume all risk in connection with my child's receipt of an immunization. I hereby release MMH, its directors, officers, physicians, employees and agents from any and all liability or claim for damages arising from or related to such immunization. I further acknowledge that no guarantees have been made to me as to the results of an immunization and that it is solely my responsibility to follow up with a physician for any medical diagnosis, examinations, advice or treatment.

Signature of Parent/Legal Representative

Date

Relationship to Child

Child's Legal <u>Last</u> Name:	Child's Legal <u>First</u> Name:	Age:	Child's Date of Birth:
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There are 2 forms of flu (influenza) vaccine available: the FluMist (nasal spray) and the Flu Shot (injection)

If you answer "YES" to questions 1-3, your child CANNOT receive any form of the flu vaccine. If you answered "YES" to any questions 4-10, your child cannot receive the FluMist nasal spray, but can still receive the flu shot (injection). If you have any questions or concerns, contact the Immunization Clinic at (812) 934-0699 or your child's physician.

Antiviral medications (Tamiflu, Relenza, Amantadine or Rimantadine) taken 48 hours before, or within 2 weeks after, may reduce the effectiveness of FluMist Nasal Spray.

1.	Has your child ever had a severe, life-threatening allergic reaction to a previous flu vaccine? Allergic reaction: hives, rash that covers body, difficulty breathing, etc.	<input type="checkbox"/> This is the first time he/she has ever received a flu vaccine	Yes No
2.	Does your child have a severe, life-threatening allergy to eggs?		Yes No
3.	Has your child ever had Guillain-Barre syndrome? (A rare nerve disorder that can cause paralysis)		Yes No
4.	Does your child have a severe, life-threatening allergy to arginine, gentamicin, or gelatin?		Yes No
5.	Does your child have any health problems? If yes, please circle all that apply: heart, kidney, liver, blood, nervous, diabetes, asthma Other: _____		Yes No
6.	Is your child pregnant or breastfeeding?		Yes No
7.	Is your child receiving aspirin or aspirin-containing products?		Yes No
8.	Does your child have a weakened immune system? (i.e. cancer, lupus, HIV/AIDS, takes medication that lowers the body's resistance to infection) If yes, explain: _____		Yes No
9.	Will your child be visiting someone within 7 days of getting the FluMist Nasal Spray, who has a severely weakened immune system that requires a protected environment? (i.e. bone marrow transplant)		Yes No
10.	The FluMist Nasal Spray is a live vaccine that must be separated from other live vaccines by a month <u>before and after</u> its administration. Has your child received the MMR (mumps, measles, rubella) or the Chicken Pox (Varicella) vaccine in the last 30 days?		Yes No
11.	I would like my child to receive: <input type="checkbox"/> FluMist Nasal Spray <input type="checkbox"/> Flu Shot (injection)		
12. Signature of Parent/Guardian: _____			
Printed Name: _____ Date: _____			

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 (“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 is spread mainly 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

Flu can also 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.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe 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. Children 6 months through 8 years of age may 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 mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

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 three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop 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 allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this 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-Barré Syndrome (also called GBS).**

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

- **If you are not feeling well.**

It is usually okay to get flu 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.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- 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-Barré 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 flu vaccine.
- 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. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. 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 have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would 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 serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

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 **1-800-822-7967**.

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 about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.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 **1-800-232-4636 (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. § 300aa-26

Office Use Only



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

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Flu can also 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.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The **live, attenuated influenza vaccine** (called LAIV) may be given to healthy, non-pregnant people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and **does not cause flu**.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:

- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)



Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:

- are not feeling well. The vaccine could be delayed until you feel better.
- have gotten any other vaccines in the past 4 weeks. *Live* vaccines given too close together might not work as well.
- have taken influenza antiviral medication in the past 48 hours.
- have a very stuffy nose.

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 LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose/nasal congestion
- cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain, vomiting, or diarrhea

Adults 18-49 years of age:

- runny nose/nasal congestion
- sore throat
- cough
- chills
- tiredness/weakness
- headache

Problems that could happen after any vaccine:

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

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- 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?

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Vaccine Information Statement
Live Attenuated Influenza Vaccine

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