



Juneau County Health Department
220 East State Street, Room 104
Mauston WI 53948

October 11, 2017

Dear Parent or Guardian:

A new school year is here and influenza season will be upon us soon. Influenza is a contagious virus that may cause fever/chills, sore throat, muscle aches, fatigue, cough, headache, and a runny/stuffy nose. The best way to keep our students healthy is to immunize them against influenza (flu). The Juneau County Health Department is working with your child's school to give the seasonal influenza vaccine to children at school. This vaccine will protect against the influenza strains that are expected to circulate this year.

The flu vaccinations (**Fluarix Quadrivalent Preservative Free shots only**) will be provided **FREE** of charge from the Juneau County Health Department and the Wisconsin Immunization Program as part of a mass immunization exercise. Not only is this a way to vaccinate a significant number of children against the seasonal influenza, the exercise will serve as practice and testing of the area public health response in the event of a sudden and serious public health emergency.

The flu shots for the Royall students will be **Nov. 7**, during the school day. Routine influenza vaccination is recommended for all persons age 6 months or older. Depending on whether they've received influenza vaccines in the past, some children younger than nine years of age will need two doses of vaccine spaced about 4 weeks apart.

If you have any questions about the vaccine or the vaccination clinics, please call Tina at 608-847-9378. Please visit the CDC's influenza website at <http://www.cdc.gov/flu> and also <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html> for seasonal influenza vaccine information statements.

Stay Healthy,

Tina Sullivan, RN,BSN

PHN Nursing Supervisor

ONLY return consent form if you want your child to receive the influenza vaccine.

To receive a **FREE flu** vaccination please return the form by **Oct. 25**.

2017 – 2018 INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2017-2018 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: _____

Student's Name (Last, First, Middle Initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Birthdate	Student's Age	School Grade	Parent/Guardian Daytime Phone Number	
Home Address	P.O. Box	City	County	State Zip Code
Parent/Guardian's Name		<input type="checkbox"/> to share the seasonal influenza immunization data with the Wisconsin Immunization Registry (WIR)? Yes 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 Barre' syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	Yes	No

CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement (VIS) for the 2017-2018 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 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:** _____

FOR OFFICE USE	VIS Date: 8/7/15
Mass Influenza School Clinic	
2017-2018 Seasonal Flu: Route = IM Body site (circle one) = RD or LD Dose: 1 or 2	
Manufacturer: FLUARIX QUADRIVALENT P-FREE/GSK Lot No: TL54R	
Signature and title of person administering vaccine: _____	
Date vaccine administered: _____	