



Forest County Health Department
200 E Madison Street
Crandon, WI 54520
Phone: 715-478-3371
Fax: 715-478-5171

<http://forestcountypublichealth.org/>

October 7, 2022

Dear Parent or Guardian,

The Forest County Health Department will be offering free, seasonal flu vaccine at the Crandon Elementary School on Tuesday, October 18th, 2022. If you would like the health department to give your child this vaccine, please fill out, sign and return the enclosed **consent form to your school secretary in the school office by 10/14/22.**

Anyone who wants to reduce their chances of getting the flu should get vaccinated. The best way to protect yourself and your family from getting the flu is to teach and practice good hygiene, get your family their flu shots each year, keep your children home when they are sick, and help your family to maintain a healthy lifestyle. The COVID-19 pandemic means preventing influenza during 2022-2023 is more important than ever. Influenza and COVID-19 share many symptoms. Preventing influenza means fewer people will need to seek medical care and testing for possible COVID-19 or influenza. And increasing flu vaccination saves healthcare resources for COVID-19 and other conditions.

Children under age 9, who did not receive two doses of the flu vaccine prior to July 1st, 2022, need a second dose 4 weeks after receiving their first this year. The health department will notify the parents of the children that need a second dose and will return to the school to administer a second immunization to them. You will receive a second consent form to complete at that time.

The **vaccine information statement** for the Live (intranasal flu mist vaccine) and the, Inactivated (injectable vaccine) is located at the school office, on your school's website, and can be individually mailed to your household by calling the Health Department at 715-478-3371. Please indicate which vaccine you would prefer your child to have. If you have questions on influenza vaccination, please contact your healthcare provider, or the Forest County Health Department at the above number.

Forest County Health Department Staff

Forest County Health Department 2022 Seasonal Influenza Vaccine Consent Form

STUDENT'S NAME (Last, First, Middle Initial)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
STUDENTS BIRTH DATE (Month, Day, Year)	STUDENT'S AGE	TEACHER	PARENT/GUARDIAN DAYTIME PHONE NUMBER ()
HOME ADDRESS	P.O. BOX	CITY	COUNTY STATE ZIP
PARENT/GUARDIAN'S NAME		Okay to share immunization data with the Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*The following questions will help us determine if your child can get the flu mist or injection.
We will contact you if we need more information.*

Please circle your preference: Flu Mist or Flu Injection

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 to a previous dose of flu vaccine?	YES	NO
4. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO
5. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? List vaccine and date:	YES	NO
6. Does your child have any of the following: asthma, diabetes, disease of the lungs, heart, kidneys, liver, nerves, or blood?	YES	NO
7. Is your child on long-term aspirin or aspirin-containing therapy?	YES	NO
8. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	YES	NO
9. Is your child pregnant?	YES	NO
10. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	YES	NO

CONSENT FOR VACCINATION:

I have read or had explained to me the Seasonal Influenza Vaccination Information Statement dated 8/6/2021. I have had a chance to ask questions that were answered to my satisfaction and understand the risks and benefits. I give consent to the Forest County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature: _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Vaccine Manufacturer	Lot Number	Signature of Vaccine Administrator:
2022 Seasonal	____ / ____ / ____	Intra nasal Intramuscular	<u>Sanofi</u> <u>Pasteur</u>	J7C77 Exp. 6/26/23 PH3533 Exp. 12/14/22	_____