



FREE FLU SHOTS AT SCHOOL

Turn Over To Sign Consent Form



In Partnership with:

Alameda County Public Health Department | California Department of Public Health | Oakland Unified School District

HOW TO GET A FREE FLU SHOT FOR YOUR STUDENT

- ① Read all of the information on this page.
- ② Answer **all** of the questions **on the back** of this consent form. **Please fill out one form per student.**
- ③ **Sign** your name at the end of the consent form.
- ④ Give this form to your student's school right away.
- ⑤ Let your student know that this year **only the flu shot, and not the nasal spray**, is available.

GETTING THE FLU VACCINE HELPS EVERYONE STAY HEALTHY.

- Flu is a serious illness and pediatricians recommend flu vaccines for all kids every year.
- Research shows that when kids get vaccinated, they miss fewer school days.
- When more kids are vaccinated for the flu, it helps everyone stay healthier by lessening the spread of flu in our community.

IT'S SAFE, EASY, AND CONVENIENT.

- Flu vaccine will be given at school, during school hours, by trained nurses and supervised nursing students.
- The flu vaccine is provided by the Alameda County Public Health Department. It's the same vaccine your student would get from your usual doctor or clinic.
- There is no charge — **it's FREE.**

PARTICIPATION IS OPTIONAL. Only students with a completed consent form will get a vaccine.

BENEFITS AND RISKS. There are benefits and risks to getting a flu vaccine.

- Benefits include: It can keep you from getting the flu, makes flu illness milder if you do get sick, and protects the people around you.
- Risks include: mild to severe reaction and side effects like pain at the injection site, fever, and aches.

Some people should not get the flu vaccine such as those who have had a severe/life-threatening reaction after receiving any vaccine or have a history of Guillain-Barré Syndrome (GBS).

Review the Influenza Vaccine Information Statement (VIS) for more information about the flu vaccine, benefits, risks and side effects, available at shootherflu.org/consent and in hard copy at your student's school and the health department.

Alameda County Public Health Department (ACPHD) Privacy Practices: Your health information is confidential and is protected by law. It is our responsibility to protect this information as required by law and to provide you with a Notice of Privacy Practices. You may find a complete copy at shootherflu.org/consent, ask for a copy from ACPHD, or see it at school on Vaccine Day.

The California Immunization Registry (CAIR) is a confidential and secure computer system run by the California Department of Public Health that makes vaccination information available to healthcare providers, including many local pediatricians. The ACPHD will put information about your student's flu vaccination into CAIR as authorized by California State law. To learn more about CAIR, go to cairweb.org. Check this box if you DO NOT want your student's flu vaccination to be shared with healthcare providers who use CAIR.

If you have any questions, need copies of the VIS or Notice of Privacy Practices, or need help completing this form, please contact the Alameda County Public Health Department Immunization Program at 510-267-3230 or visit ShootherFlu.org





FLU SHOT CONSENT FORM

One Per Student

Important Update: Due to a recent change in national recommendations, the nasal spray vaccine (FluMist) is **not** available this year at any healthcare provider's office or through Shoo the Flu. Only the flu shot is available this year. For more information, please visit: cdc.gov/flu.

STUDENT'S INFORMATION

Student's First Name

Student's Last Name

Home Address

Zip

Month Day Year

Student Date of Birth

Age

Student is: Male Female

Name of School

Teacher/Room #

Grade

Parent/Guardian Email

Phone #

Mother's First Name

Mother's first name is used to help identify students in CAIR. For more information on CAIR, see the reverse side.

May we contact you for feedback on how to improve this program? Yes No

STUDENT'S HEALTH INSURANCE

This vaccine is free, your name will **not** be connected with this information and we will **not** bill your insurance.

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Alameda Alliance—Medi-Cal | <input type="checkbox"/> Blue Cross—Medi-Cal | <input type="checkbox"/> Kaiser—Medi-Cal | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> United Health Care | <input type="checkbox"/> Blue Cross—Private | <input type="checkbox"/> Kaiser—Private | <input type="checkbox"/> Cigna |
| <input type="checkbox"/> Blue Shield | <input type="checkbox"/> Health Net | <input type="checkbox"/> Aetna | <input type="checkbox"/> Other: _____ |

STUDENT'S RACE OR ETHNICITY (Choose all that apply)

We ask this question to help us ensure equitable access to the program.

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino |

MEDICAL QUESTIONS – YOU MUST ANSWER EVERY QUESTION

- | | | |
|--|------------------------------|-----------------------------|
| ① Is your student allergic to latex? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ② Is your student allergic to eggs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ③ Has your student ever had a serious reaction to any vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ④ Has your student ever had a severe muscle weakness called Guillain-Barré Syndrome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SIGNATURE AND CONSENT

When I (parent/guardian) sign my name, it means these things:

- I give permission for the student whose name is listed on this form to receive a **flu shot** at school.
- I have read or had explained to me the current Influenza Vaccine Information Statement (VIS) and understand the benefits and risks of the flu vaccine.
- I have read or received a copy of the Alameda County Public Health Department Notice of Privacy Practices.

Parent/Guardian sign here

Date

Printed Name

Your relationship to student:

- Mother Father Legal guardian
 Other: _____

Turn Over for Instructions