

Flu Shot Only



- Date of Clinic - 10.26.16
- Forms Due - 10.21.2016
- back to main office

OFFICE OF COUNTY MAYOR

Knox County Health Department
140 Dameron Avenue, Knoxville, TN 37917-6413

Sept. 9, 2016

Dear Parent,

For the 12th year, the Knox County Health Department (KCHD) will offer flu vaccinations to children 6 months to 18 years of age in Knox County schools. **This year, only the flu shot will be offered** due to recommendations from the Centers for Disease Control and Prevention (CDC). It's important to remember that the flu vaccine helps:

- Reduce illness
- Reduce the spread of the flu
- Keep children in school and families healthy

No child will be vaccinated without a completed, signed and returned consent form. The consent form can be completed online at www.knoxcounty.org/health/schoolflu. If you choose, you can complete the paper consent form, available at the schools or printed from the above mentioned website. Please fill out the form completely, sign it and submit it online or return it to your child's teacher this week.

Please be sure to complete the insurance section of the consent form; insurance status will not determine whether a child is vaccinated. If you do not have insurance, mark the "No Insurance" box. If you have insurance, KCHD will bill your insurance to help support this program. Please note:

- There is no cost to you for this vaccination
- You will not be billed
- You will not have a co-pay

Please check KCHD's website (www.knoxcounty.org/health/schoolflu) or your school's website for the date and time of your school's clinic. If your child misses the school's flu clinic, you may call KCHD at 865-215-5500 to schedule a free flu vaccination at one of our clinics. Children under the age of nine, who have not received at least two doses of flu vaccine before, will need two (2) doses separated by at least one month. If this is the case with your child, we will return to the school to give the second dose.

We strongly encourage getting the flu vaccination to help keep our community healthy. If you have questions about the flu vaccine, you may contact your doctor's office, call us at 865-215-5150 or visit www.cdc.gov/flu or www.knoxcounty.org/health/schoolflu.

Sincerely,

Handwritten signature of Martha Buchanan in black ink.

Martha Buchanan, MD
Director and Public Health Officer

Handwritten signature of Kelly Cooper in black ink.

Kelly Cooper, MD, MPH
Director, Clinical Services



2016 STUDENT FLU SHOT CONSENT FORM

PLEASE PRINT - All fields are required

Official Use Only	Vaccine Source: VFC KCHD verified <input type="checkbox"/>
	Vaccine Naïve: No Yes
	Vaccine Type: IIV: 6-35m 36m+ 48m+

Student's Name - First: _____ MI: _____ Last: _____

Age: _____ DOB: ____/____/____ SS#: _____

School: _____ Home Room Teacher: _____ Grade: _____

Home Address: _____ ZIP Code: _____

Gender: Male Female Primary Language: _____ Hispanic: Yes No

Race: White Black Asian American Indian Alaskan Native Other: _____

Primary Insurance (Select One): CoverKids TennCare Private Insurance No Insurance

Primary Insurance Name: _____ Member ID: _____ Group ID: _____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Secondary Insurance (Select One): CoverKids TennCare Private Insurance No Secondary Insurance

Secondary Insurance Name: _____ Member ID: _____ Group ID: _____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Please answer YES or NO to all questions. Answers are for the person receiving the vaccine.

Circle for each question

**** This flu vaccine is a shot ****

1. Has your child received at least 2 doses of FLU vaccine during his or her lifetime? If unsure, mark No.	Yes	No
2. Has your child ever had a severe or life threatening allergic reaction to the flu vaccine such as wheezing or breathing problems? If yes, describe reaction:	Yes	No
3. Is your child allergic to eggs? If yes, describe reaction:	Yes	No
4. Has your child ever had Guillain-Barre' syndrome?	Yes	No
5. Does your child faint when they get a shot?	Yes	No

Consent for Administration of Influenza Vaccine for the above named recipient: I have read information about the vaccine and special precautions on the Vaccine Information Sheet. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian, and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release Knox County Government, their affiliates, employees, directors and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination. This consent gives Knox County Health Department permission to file rendered services to your insurance carrier. Consent form is valid 6 months from date of initial signature. For a copy of the Vaccine Information Sheet visit http://www.immunize.org/vis/flu_inactive.pdf.

PARENT COMMENTS:

Parent /Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Primary Phone: () _____ - _____ Emergency Number: () _____ - _____

Official Use Only
Place **Phase 1** Nursing
Record Sticker Here
Align with right side of this box

Official Use Only
Place **Phase 2** Nursing
Record Sticker Here
Align with left side of this box