

Dear Parents,

There have been 9 confirmed cases, reported by parents, of Influenza A as of 10/21/2009. Influenza A is considered 98% of the time to be H1N1. We are following CDC guidelines for schools to keep your child safe.

SVCS and the Vermillion County Health Department (VCHD) is offering H1N1 vaccine for all SV students free of charge on November 4th. Vaccine will be given only to students with signed consent forms. Consent forms may be obtained on any SV school web page or at any SV school building.

There is a **limited amount of injectable vaccine**. To assure every student is offered the H1N1 vaccine, VCHD is providing nasal mist to all students who are healthy. Healthy is defined as a “person who does not have any underlying medical condition that predisposes them to influenza complications.” All students with documented health concerns such as asthma, diabetes or other immunosuppressed diseases will receive an injection.

I am aware that many of you have concerns about the mist. The following information came from Dr. Monroe director of the Indiana State Department of Health. “ The nasal mist is in fact a live virus, just as the chicken pox and the measles vaccine. It is also a cold attenuated (weakened) vaccine . . . which means it can’t survive in warm temperatures. So when it absorbs in to the tissue in the nose and reaches the 98.6 body temp it dies. It cannot spread within the body so a person cannot get infected with the virus by actually taking the mist.”

SCHEDULE FOR STUDENTS WITH A SIGNED PARENTAL H1N1 CONSENT FORM

November 4th

ELEMENTARY SCHOOLS

8:30am-12:00pm Healthy students will receive the mist at their building.
5:00pm- 8:00pm Students with documented health concerns such as asthma or diabetes will receive an injection that evening at SVMS auditoria.
Students 9 years and under will need two vaccines. The second date will be in Dec.

November 4th

SVM and SVH SCHOOLS

8:30am-12:00pm Healthy students will receive the mist at their building.
8:30am-12:00pm Students with documented health concerns will receive an injection at their building.

Sincerely,

Debby Short R.N. SVCS Corporation Nurse

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2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH	
				month	day
				year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER
					M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1 Date received: month ___ day ___ year _____ Form (please circle): nasal spray shot
 Dose 2 Date received: month ___ day ___ year _____ Form (please circle): nasal spray shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month ___ day ___ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school)

Signature of Parent/Legal Guardian _____
Date: month ___ day ___ year _____

I DO NOT GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____
Date: month ___ day ___ year _____

Section 4: Permission to Release Information

Placeholder for parental consent for release of data from vaccination record.

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1	/ /	<input type="checkbox"/> IM				