



615 Martin Luther King Jr. Blvd • Bristol, TN 37620  
(423) 652-9451 • Fax (423) 652-9238 • [www.btcs.org](http://www.btcs.org)

August 2018

Dear Parent,

The Sullivan County Regional Health Department will offer **influenza** vaccinations to all students in Bristol Tennessee City Schools. If you would like for your child to be vaccinated, please complete, sign, and return the attached **Consent Form** to your child's school no later than **August 31**, so that we may properly plan for your school's vaccination clinic.

The dates of the school vaccination clinics are not known at this time. After Consent Forms are returned, the health department will order the appropriate number of vaccines, and the vaccination dates will be scheduled (hopefully in 2 to 3 weeks after ordering). Children under the age of nine or children receiving the vaccine for the first time should receive two (2) doses at least four (4) weeks apart. Please contact the Sullivan County Regional Health Department or your child's Primary Care Provider in order to receive this important second dose if required.

Please note, that parents of students in grades prek through 2 are required to be present during the administration of the vaccine. Parents of older students have the option of being present. A letter with the approximate time of your child's vaccine will be sent to you.

*The Sullivan County Regional Health Department will **not** vaccinate your child unless you return a completed, signed **Consent Form**.*

If you have any questions about the seasonal flu or flu vaccinations, we encourage you to call your doctor's office, the Sullivan County Regional Health Department at (423) 279-2663, or visit the following websites: <http://www.sullivanhealth.org>; [www.cdc.gov/flu](http://www.cdc.gov/flu); <http://health.state.tn.us>.

Sincerely,

A handwritten signature in cursive script that reads "Gary Lilly".

Gary Lilly, Ed.D.  
Director of Schools

ENGAGE. CHALLENGE. INSPIRE.



# Sullivan County Regional Health Department Flu Vaccination Program for Schools 2018 - 2019

<b>PLEASE PRINT</b>																	
<b>IMPORTANT!!! PHONE NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED DURING SCHOOL HOURS:</b>																	
Work: _____	Cell: _____	Home: _____															
<b>Student Information</b>																	
Last: _____ First: _____ MI: _____ Date of Birth: _____ Sex: M or F																	
Address: _____ City: _____ Zip: _____																	
Social Security #: _____ Race (Circle one)																	
Sullivan County Regional Health Department 423-279-2777		Caucasian      Hispanic      Non-Hispanic American Indian      Alaska Native      Other															
School: _____	Homeroom Teacher: _____	Grade: _____															
<p><b>Please circle Yes or No</b> to all of the questions below to determine if your child can receive the Inactivated Influenza Vaccine ("flu shot"). The nurse giving the vaccine will review this information on the day the vaccine is given.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Has your child ever had a serious allergic reaction to any component of any flu vaccine (eggs, gentamicin, gelatin, arginine)?</td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> <tr> <td>Has your child ever had a serious reaction to any component of any flu vaccine in the past?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Has your child ever had Guillain-Barre syndrome?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Does your child have any allergies? If yes, please list:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Is your child under 9 years of age?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> <p>(If your child is less than 9 years of age and has never been vaccinated against the flu or has not been vaccinated with at least 2 doses of seasonal influenza vaccine before July 1, 2016, your child will require 2 doses this year. Please wait four weeks and call the Sullivan County Health Department to schedule this second dose of the Influenza vaccine.)</p> <p>I have read the 2017 Vaccination Information Statement for the Inactivated Influenza Vaccine (flu shot), I understand the risks and benefits, and I give consent to the Sullivan County Health Department and it's authorized staff for my child named at the top of this form to receive the inactivated injectable influenza vaccine (shot).</p> <p>Request for Administration of Influenza Vaccine for the above named recipient: I will receive information about the vaccine and special precautions on the Vaccine Information Sheet prior to my child receiving and on the day of vaccination. 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 whom I am parent or legal guardian and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release the City of Kingsport, Kingsport city Schools, the City of Bristol, Bristol City Schools, Sullivan County employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination.</p> <p>I understand that this document will be given to and retained by the public health department. I give my permission for my child's school to retain a copy if needed.</p> <p><b>Signature of Parent/Legal Guardian</b> _____ <b>Date:</b> _____</p> <p><b>Print Parent/Legal Guardian:</b> _____</p>			Has your child ever had a serious allergic reaction to any component of any flu vaccine (eggs, gentamicin, gelatin, arginine)?	Yes	No	Has your child ever had a serious reaction to any component of any flu vaccine in the past?	Yes	No	Has your child ever had Guillain-Barre syndrome?	Yes	No	Does your child have any allergies? If yes, please list:	Yes	No	Is your child under 9 years of age?	Yes	No
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Does your child have any allergies? If yes, please list:	Yes	No															
Is your child under 9 years of age?	Yes	No															



## Sullivan County Regional Health Department Flu Vaccination Program for Schools 2018 - 2019

### Insurances Accepted for vaccination

*\*Copy of insurance card preferred (front and back) if copy of insurance card is not available, complete all information below.*

Private Insurance Provider: (circle one)

1) Blue Cross/Blue Shield    2) Cigna    3) Humana    4) United Health Care    5) Cover Kids

***\*Only Insurances listed will be accepted***

TennCare Insurance Provider: (circle one)

1) BlueCare    2) Amerigroup    3) United Healthcare Community Plan

Member Subscriber Name as on card: \_\_\_\_\_ Group # \_\_\_\_\_

Member / Subscriber ID: \_\_\_\_\_

Address to send medical claims to: (information typically found on the back of the card)

**For questions or concerns, please call: (423) 279-2777**

### Area below for official use ONLY

#1      Manufacturer: Sanofi

VIS Date: \_\_\_\_\_ Other \_\_\_\_\_

Lot number: \_\_\_\_\_

Site administered:    Right Deltoid    Left Deltoid    Intranasal

Date Given: \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature Above indicates immunization given according to PHN Protocol*

**Over**