



OFFICE OF COUNTY MAYOR

Department of Community Services · Knox County Health Department
140 Dameron Avenue, Knoxville, TN 37917 – 6413

August 1, 2007

Dear Parent,

The Knox County Health Department will be offering **FREE** FluMist Vaccinations to **ALL** children ages 5 to 19 in Knox County. Last year's vaccination efforts were a tremendous success. The vaccination rate for public schools was over 58% of eligible children. The vaccination rate for participating private schools was over 76% of eligible children.

Attached you will find a **Consent Form** allowing your child to be vaccinated against influenza (flu) at school. Please complete, sign, and return the **Consent Form** to your child's homeroom or first period teacher this week so that we may properly plan for your school's vaccination clinic. **We will not vaccinate your child unless we receive a completed, signed Consent Form!**

Phase 1 Clinics will occur September 24th – October 19th. Phase 2 Clinics for grades K – 5 will occur November 27th – December 7th. On August 29th, check the Health Department's website or your school's information site for specific dates and times for your school. If you miss your school's scheduled clinic date, you may go to a health department location for the free vaccination.

Children under the age of 9 who never received any type of influenza vaccine before or who received only 1 dose in their first year of vaccination should receive 2 doses this year, with single annual doses in subsequent years. We will provide the second dose during Phase 2.

If you have questions about influenza vaccination or FluMist, we encourage you to:

1. Ask your school nurse.
2. Call your doctor's office.
3. Call 211 after August 29th.
4. Access our website <http://www.knoxcounty.org/health>, <http://www.cdc.gov/flu>, or <http://www.flumist.com>.

Knox County Health Department believes this school-based influenza vaccine program is good for our community. However, it is a costly endeavor, both financially and in manpower. The vaccine alone costs almost one million dollars. For this reason, alternative funding sources and delivery methods will be needed in order for this project to continue. We would appreciate your input on whether the FluMist school vaccination program is worthwhile and how it can be sustained. Please provide us your comments either by using the back of the consent form or on our web-site www.knoxcounty.org/health on the FluMist link, which will be available on August 29, 2007.

Sincerely,

A blue ink signature of Martha Buchanan, MD.

Martha Buchanan, MD
Public Health Officer
Knox County Health Department

A blue ink signature of John Lott, RN, MS.

John Lott, RN, MS
Director of Nursing
Knox County Health Department

KNOX COUNTY HEALTH DEPARTMENT - School Flumist Project
Student Consent Form and Live Attenuated Influenza Vaccine Immunization Nursing Record

PLEASE PRINT (The questions are answered for the student receiving the vaccination.)

School: _____ Home Room Teacher: _____ Grade: _____ DOB: _____
 Last Name: _____ First Name: _____ Middle Name: _____ Age: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Emergency Contact Number: _____ Gender: (M / F)
 Primary Language: _____ Hispanic: (Y / N)
 Race: ___ White ___ Black ___ Asian ___ American Indian ___ Alaskan Native ___ Other: _____
 Insurance: ___TennCare ___No Insurance ___Private Insurance(but does not cover flu vaccination) ___Private Insurance
 Name of Insurance: _____ Child's Pediatrician / Physician: _____
 Mother's Last Name: _____ Mother's First Name: _____ MI: _____
 Father's Last Name: _____ Father's First Name: _____ MI: _____
 OR, Guardian, if under 18: Last Name: _____ First Name _____ Relationship: _____

Please CHECK YES or NO to ALL questions below for the STUDENT.
The Nurse giving the vaccination will review the information on vaccination day.

	YES	NO
1. Has your child received a "FLU" vaccination before (either Flu Shot or FluMist)?		
2. Has your child received a vaccine within the past 30 days? Name of Vaccine(s): _____ Date Given: _____		
3. Is your child younger than 5 years of age?		
4. Does your child have asthma? Does your child have any of the following (please circle appropriate category):		
- chronic heart diseases - diabetes or other metabolic diseases/disorders - kidney diseases - blood diseases		
6. Has your child ever had a reaction to an injection? If yes, please describe:		
7. Is your child allergic to vaccine components, i.e. eggs, gentamicin sulfate, MSG?		
8. Is your child pregnant or nursing?		
9. Has your child ever had Guillain-Barre' syndrome?		
10. Is your child on long-term aspirin therapy?		
11. Does your child have a disease such as cancer, lupus, HIV/AIDS, or do they take a medication that lowers the body's resistance to infection?		
12. Does your child have close contact with anyone who has had a bone marrow transplant in the last 6 months?		

Allergies/ Medical Alert:

Additional Notes:

Request for Administration of Influenza Vaccine for the above named recipient: I am aware that the receiver of this vaccine is currently not pregnant nor will become pregnant within four weeks of receiving this vaccine. 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.

 Parent / Guardian Signature

 Date

AREA FOR OFFICIAL USE ONLY

Teaching Done 1. Wait 20 minutes 2. Possible local reaction & side effects 3. Vaccine Naïve (circle): YES NO	Lot # _____ Exp Date: _____ Manufacturer: <u>MedImmune (MED)</u>
	Vaccine: <u>FluMist</u> Site, Route, & Amount: <u>NAS 0.2mL</u> VIS Date: ____/____/07
	Date Given: ____/____/2007 Signature/Provider #: _____