

2009-2010 SCHOOL FLUMIST VACCINE PROGRAM

Dear Parents/Guardians,

Children's Lung Specialist is proud to partner with the Faith Lutheran Jr/Sr High School to offer a School FluMist Vaccine Program. Thank you for allowing us to participate in the health of your child. Our goal this year is to work with your child's school and immunize against influenza (Flu) to allow your child to have a more enjoyable and healthier winter. Here at Children's Lung Specialist we strive to keep children healthy, that is why it is best to approach this Flu season with prevention. No one enjoys being sick, and unfortunately children often share germs easily in community spaces such as schools and playgrounds. Therefore, we are encouraging all school-aged children to participate in seeking vaccination against the Flu.

We will be offering FluMist Nasal Flu Vaccine (IT IS NOT A SHOT) to those children aged 2 to 18 who do not have a history of asthma. FluMist is a safe and effective way to decrease the risk of becoming infected with the Flu virus.

We have scheduled a vaccine clinic at your school on September 22 . The cost for the vaccination is \$25. If you would like your child to participate, please read and **complete this form and return to the school with payment no later than September 11**. We will be unable to vaccinate anyone with paperwork that is not completely filled out.

2008-2009 FluMist Vaccination Consent Form

I have been given a copy of the 2009-2010 FluMist Vaccine information sheet. I have read this document, and I understand the risks and benefits of live intranasal Influenza vaccine. I understand that if my child receives the vaccine at the clinic held at Faith Lutheran by the employees of Children's Lung Specialist, it will in no way constitute a physician/nurse practitioner-patient relationship between my child and the physicians and nurse practitioner of Children's Lung Specialist. I understand that there are sometimes mild side effects of vaccinations, and I hold harmless Children's Lung Specialist and Faith Lutheran, or volunteers from any and all liability.

My child is not allergic to eggs, gelatin, or FluMist vaccine. My child doesn't have Asthma.

I understand that if my child is aged 2-18 and has never received any Influenza vaccine before, that she/he should receive a second dose of FluMist 1 month after this dose to ensure adequate immunity for the duration of the Flu season. It will then be my responsibility to find a clinic or physician who can provide me with the second dose. This can be done at Children's Lung Specialist if you so choose. I request that my child be vaccinated against influenza with the FluMist Vaccine.

Name of Student

Date of Birth

Today's Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

FOR ADMINISTRATION PERSONEL ONLY. DO NOT WRITE BELOW THIS LINE

Name of Student

Date of Birth

Temperature

I have received and reviewed the consent form. This person is free from fever and shows no outward signs of illness. I administered:

FluMist live Influenza Virus Vaccine, 0.2ml intranasally:

Lot #: _____

Expiration Date: _____

Employee/Volunteer Name

Employee/Volunteer Signature

Date

**Return with payment of \$25 by September 11, 2009. Checks payable to:
Children's Lung Specialist**