



409 Eagles Way, North Conway NH 03860
(603) 356-4343 Telephone / (603) 356-4391 Fax
www.khsmwv.com

Kevin Carpenter
Principal

Virginia Schrader
Career-Tech Center
Director

Jessica Tilton
Dean of Students
(9 & 10)

David Coleman
Dean of Students
(11 & 12)

Jennifer Murphy
Director of
Student Services

Neal Weaver
Athletic Director

Dear Parent/Guardian:

This year's flu (influenza) season is fast approaching and prevention is key! We are pleased to inform you that Carroll County Public Health will be offering ***free flu vaccinations for students on Thursday, October 12th during the school day.*** This offering is optional and only available to Kennett High School students.

If you would like your child to receive a flu vaccination please complete the enclosed consent form (double sided) and return it to school as soon as possible. The consent form must be signed by a parent or guardian for your child to receive the vaccine.

Please refer to the following enclosed documents:

- CDC Vaccine Information Statement
- FAQ document
- NHIIS information sheet
- Consent Form

If you have specific questions regarding your child receiving the flu vaccine we recommend you consult with their health care provider. Visit the CDC's influenza web site at <http://www.cdc.gov/flu/> for more information.

If your child is exhibiting influenza-like illness (fever, cough, sore throat and runny nose) please indicate when calling the absentee line. This will help us keep track of any trends in flu-like illness. Your child should stay home if they have a temperature greater than 100 and remain home for 24 hours after fever resolves without fever-reducing medicine. Please contact the nursing office if you have any questions at (603) 356-4350.

Thank you for helping to keep our schools healthy!

Sincerely,

Kennett High School Nursing Office

School-Based Clinic: Parent FAQs

Q: What is the flu?

A: Influenza, commonly called “the flu”, is a viral infection that affects the nose, throat, and lungs. The flu is different from the common cold as it is more likely to cause severe illness and life-threatening complications.

Q: Why is the flu vaccine important?

A: Here are some of the benefits of the flu vaccine:

- **Best Protection:** The seasonal flu vaccine offers the best protection against influenza illness and is recommended for all children 6 months of age and older.
- **Decreased Illness:** The flu vaccine can help prevent people from getting sick with the flu and studies have shown that even if the vaccine fails to prevent the flu, it may still make the illness less serious.
- **Protect High Risk:** Some children are at high risk for complications from the flu, including those with asthma, diabetes, heart disease and other conditions.
- **Saves Lives:** The flu vaccine can lower the risk of a child being hospitalized or dying from the flu.
- **Flu Vaccine Every Year:** The CDC recommends a flu vaccine every year because immune protection decreases from one year to the next and the viruses that cause influenza can change from year to year.

Please refer to <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm> for more information about the benefits of flu vaccines.

Q: Why are flu clinics at school a good idea?

A: Here are some of the benefits of having the flu vaccine given in school:

- **Efficient and Convenient:** Schools are a great setting to vaccinate a large number of children efficiently and conveniently, no separate appointment is needed.
- **Herd Immunity:** Germs are spread easily at school. The school community may benefit from herd immunity, protecting others in the school from influenza illness and reducing the risk of an influenza outbreak. Family members may also be protected from getting the flu if your child is vaccinated.
- **Decreased Absenteeism:** Your child will be less likely to get sick from the flu and miss school. You will be less likely to miss work if your child is not home sick.
- **Protect Kids:** Rates of flu infection are often highest among children. Flu clinics at school allow more children to be protected from influenza disease.

Q: Will the flu vaccine protect against COVID-19?

A: No, the flu vaccine protects against influenza, which is a different virus than the coronavirus that causes COVID-19. While the flu vaccine does not protect against COVID-19, it can help protect against lung infections related to the flu. To see if your child is eligible to receive a COVID-19 vaccine and how to get one, call your child’s health care provider or visit <https://www.vaccines.gov/>.

Q: What is the cost?

A: School based vaccinations are offered at no cost even if you have insurance.

Q: Who will give the vaccine to my child?

A: Trained clinical staff will provide the vaccine to your child.

Q: What kind of flu vaccine is offered at the clinic?

A: The flu vaccine given at school is injectable and quadrivalent, which means it is a flu shot that protects against 4 different influenza viruses. There are **no preservatives**, such as thimerosal, in the single dose flu vaccines provided.

School-Based Clinic: Seasonal Influenza ("Flu") Vaccination Record & Consent

DO NOT RETURN THIS FORM IF YOU DECLINE VACCINATION

PARENT/LEGAL GUARDIAN INFORMATION (IF MINOR):

Full Name: _____ Daytime/Cell Phone Number: _____

VACCINE RECIPIENT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

DOB: ____/____/____ Age: ____

Mailing Address:

Street Address: _____ Town/City: _____ State: _____ Zip: _____

Physical Address:

Street Address: _____ Town/City: _____ State: _____ Zip: _____

Email Address (parent/guardian email if minor): _____

Cell Phone Number (parent/guardian number if minor): _____

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Unknown/Not Reported

Ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Unknown/Not Reported

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Other Race
☐ Native Hawaiian or Other Pacific Islander ☐ Unknown/Not Reported

Complete for Vaccine Recipient: Does the person being vaccinated currently have Medicaid, Well Sense, NH Healthy Families or AmeriHealth Caritas? ☐ Yes ☐ No

SCREENING QUESTIONS:

Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the influenza vaccine. If you answer "yes" to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine. If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.		Yes	No
1. Have you ever had a severe allergic reaction (like anaphylaxis) to eggs or any component* of the influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
*More information on vaccine ingredients (components) is available from the FDA at: https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-quadrivalent-types-and-types-b			
2. Have you ever had a severe allergic reaction (like anaphylaxis) to a previous dose of any influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had Guillain-Barre syndrome (GBS) (an autoimmune neurological condition that results in sudden muscle weakness) that developed within 6 weeks after receiving an influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>

CONSENT AND NOTICES:

A copy of your/your child's vaccine record will be provided to you for your records. We recommend that you share a copy of this record with your/your child's healthcare provider. You may also choose to Opt-in to the NHIS so that your provider may access the record electronically. Per NH RSA 141-C:20-f sharing your/your child's vaccine information with the NHIS is voluntary and you are provided an opportunity to Opt-In (to share information) or Opt-Out (to not share information) prior to vaccination. No information will be shared with the NHIS unless you have provided explicit consent to share your/your child's vaccine information.

Recipient Last Name: _____ First Name: _____ M.I. _____

☐ I have been provided and reviewed information on the NH Immunization Information System (NHIIS).

NHIIS Consent: I choose to (check one):

☐ **Opt-In (share information)** I am consenting to share my/my child's vaccine information with the NHIIS.

Signature: _____

☐ **Opt-Out (do not share information)**

Immunization Consent: By signing below, I am acknowledging that I have received and reviewed the information provided, I have had any questions satisfactorily answered, and I understand the risk and benefits of receiving the influenza vaccine. By signing below, I also confirm that the information entered on this form is accurate and I GIVE CONSENT for the person named above (self or minor child) to be vaccinated with an age-appropriate influenza vaccine.

☐ I have reviewed the Influenza Vaccine Information Statement at:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>

Printed Name of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):

Signature of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):

Date:

VACCINE RECIPIENT/PARENT/GUARDIAN - STOP HERE (ADMINISTRATIVE USE ONLY)

VACCINE ADMINISTRATOR MUST COMPLETE THE FOLLOWING SECTIONS:

Clinic/School Name:

BEFORE vaccinating, complete the following (check to confirm done):

- ☐ I have verified that the attached consent form has been signed by the vaccine recipient or parent/guardian (if minor)
- ☐ I have asked the recipient if they are feeling sick or unwell today (if vaccine recipient is sick, do NOT give vaccine)
- ☐ I have reviewed this form including the medical screening questions to identify potential vaccinate contraindications or precautions

☐ Recipient NOT vaccinated

Reason:

- ☐ Absent or did NOT attend clinic
- ☐ Refused the vaccine
- ☐ Incomplete consent form
- ☐ Other _____

If vaccine recipient is sick or answers "yes" to any of the screening questions, STOP!

Vaccine may not be appropriate, or additional information may need to be collected from the parent/guardian.

Administration Date: Administration Time: Wait Time: ☐ 15 min ☐ 30 min

Vaccine Name/Manufacturer: Lot Number: Expiration Date:

Route/Body Site: VIS Publication Date: VIS Given Date:

Provider Name & Address:

Name and Title of Vaccine Administrator:

Signature of Vaccine Administrator:

☐ NHIIS Opt In, Explicit Written Consent obtained Date Entered into NHIIS: Entered into NHIIS By: ☐ NHIIS Opt Out, DO NOT Enter into NHIIS (record maintained by RPHN)

Needs Review: Yes ☐ No ☐ After vaccination this form was reviewed by: Review Completed Date (if applicable):

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/flu.



School-Based Clinic: Seasonal Influenza ("Flu") Vaccination Record & Consent

DO NOT RETURN THIS FORM IF YOU DECLINE VACCINATION

PARENT/LEGAL GUARDIAN INFORMATION (IF MINOR):

Full Name: _____ Daytime/Cell Phone Number: _____

VACCINE RECIPIENT INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

DOB: ____/____/____ Age: ____

Mailing Address:

Street Address: _____ Town/City: _____ State: _____ Zip: _____

Physical Address:

Street Address: _____ Town/City: _____ State: _____ Zip: _____

Email Address (parent/guardian email if minor): _____

Cell Phone Number (parent/guardian number if minor): _____

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Unknown/Not Reported

Ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Unknown/Not Reported

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Other Race
☐ Native Hawaiian or Other Pacific Islander ☐ Unknown/Not Reported

Complete for Vaccine Recipient: Does the person being vaccinated currently have Medicaid, Well Sense, NH Healthy Families or AmeriHealth Caritas? ☐ Yes ☐ No

SCREENING QUESTIONS:

Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the influenza vaccine. If you answer "yes" to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine. If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.		Yes	No
1. Have you ever had a severe allergic reaction (like anaphylaxis) to eggs or any component* of the influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
*More information on vaccine ingredients (components) is available from the FDA at: https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-quadrivalent-types-and-types-b			
2. Have you ever had a severe allergic reaction (like anaphylaxis) to a previous dose of any influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had Guillain-Barre syndrome (GBS) (an autoimmune neurological condition that results in sudden muscle weakness) that developed within 6 weeks after receiving an influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>

CONSENT AND NOTICES:

A copy of your/your child's vaccine record will be provided to you for your records. We recommend that you share a copy of this record with your/your child's healthcare provider. You may also choose to Opt-in to the NHIIS so that your provider may access the record electronically. Per NH RSA 141-C:20-f sharing your/your child's vaccine information with the NHIIS is voluntary and you are provided an opportunity to Opt-In (to share information) or Opt-Out (to not share information) prior to vaccination. No information will be shared with the NHIIS unless you have provided explicit consent to share your/your child's vaccine information.

Recipient Last Name: _____ First Name: _____ M.I. _____

☐ I have been provided and reviewed information on the NH Immunization Information System (NHIIS).

NHIIS Consent: I choose to (check one):

☐ **Opt-In (share information)** I am consenting to share my/my child's vaccine information with the NHIIS.

Signature: _____

☐ **Opt-Out (do not share information)**

Immunization Consent: By signing below, I am acknowledging that I have received and reviewed the information provided, I have had any questions satisfactorily answered, and I understand the risk and benefits of receiving the influenza vaccine. By signing below, I also confirm that the information entered on this form is accurate and I GIVE CONSENT for the person named above (self or minor child) to be vaccinated with an age-appropriate influenza vaccine.

☐ I have reviewed the Influenza Vaccine Information Statement at:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>

Printed Name of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):	
Signature of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):	Date:

VACCINE RECIPIENT/PARENT/GUARDIAN - STOP HERE (ADMINISTRATIVE USE ONLY)

VACCINE ADMINISTRATOR MUST COMPLETE THE FOLLOWING SECTIONS:

Clinic/School Name:			
BEFORE vaccinating, complete the following (check to confirm done):		<input type="checkbox"/> Recipient <u>NOT</u> vaccinated	
<input type="checkbox"/> I have verified that the attached consent form has been signed by the vaccine recipient or parent/guardian (if minor)		Reason:	
<input type="checkbox"/> I have asked the recipient if they are feeling sick or unwell today (if vaccine recipient is sick, do NOT give vaccine)		<input type="checkbox"/> Absent or did NOT attend clinic	
<input type="checkbox"/> I have reviewed this form including the medical screening questions to identify potential vaccinate contraindications or precautions		<input type="checkbox"/> Refused the vaccine	
		<input type="checkbox"/> Incomplete consent form	
		<input type="checkbox"/> Other _____	
If vaccine recipient is sick or answers "yes" to any of the screening questions, STOP!			
Vaccine may not be appropriate, or additional information may need to be collected from the parent/guardian.			
Administration Date:		Administration Time:	Wait Time: <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min
Vaccine Name/Manufacturer:		Lot Number:	Expiration Date:
Route/Body Site:		VIS Publication Date:	VIS Given Date:
Provider Name & Address:			
Name and Title of Vaccine Administrator:			
Signature of Vaccine Administrator:			
<input type="checkbox"/> NHIIS Opt In, Explicit Written Consent obtained	Date Entered into NHIIS:	Entered into NHIIS By:	<input type="checkbox"/> NHIIS Opt Out, DO NOT Enter into NHIIS (record maintained by RPHN)
Needs Review: Yes <input type="checkbox"/> No <input type="checkbox"/>	After vaccination this form was reviewed by:		Review Completed Date (if applicable):

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.



School-Based Clinic: Parent FAQs

Q: What is the flu?

A: Influenza, commonly called "the flu", is a viral infection that affects the nose, throat, and lungs. The flu is different from the common cold as it is more likely to cause severe illness and life-threatening complications.

Q: Why is the flu vaccine important?

A: Here are some of the benefits of the flu vaccine:

- **Best Protection:** The seasonal flu vaccine offers the best protection against influenza illness and is recommended for all children 6 months of age and older.
 - **Decreased Illness:** The flu vaccine can help prevent people from getting sick with the flu and studies have shown that even if the vaccine fails to prevent the flu, it may still make the illness less serious.
 - **Protect High Risk:** Some children are at high risk for complications from the flu, including those with asthma, diabetes, heart disease and other conditions.
 - **Saves Lives:** The flu vaccine can lower the risk of a child being hospitalized or dying from the flu.
 - **Flu Vaccine Every Year:** The CDC recommends a flu vaccine every year because immune protection decreases from one year to the next and the viruses that cause influenza can change from year to year.
- Please refer to <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm> for more information about the benefits of flu vaccines.

Q: Why are flu clinics at school a good idea?

A: Here are some of the benefits of having the flu vaccine given in school:

- **Efficient and Convenient:** Schools are a great setting to vaccinate a large number of children efficiently and conveniently, no separate appointment is needed.
- **Herd Immunity:** Germs are spread easily at school. The school community may benefit from herd immunity, protecting others in the school from influenza illness and reducing the risk of an influenza outbreak. Family members may also be protected from getting the flu if your child is vaccinated.
- **Decreased Absenteeism:** Your child will be less likely to get sick from the flu and miss school. You will be less likely to miss work if your child is not home sick.
- **Protect Kids:** Rates of flu infection are often highest among children. Flu clinics at school allow more children to be protected from influenza disease.

Q: Will the flu vaccine protect against COVID-19?

A: No, the flu vaccine protects against influenza, which is a different virus than the coronavirus that causes COVID-19. While the flu vaccine does not protect against COVID-19, it can help protect against lung infections related to the flu. To see if your child is eligible to receive a COVID-19 vaccine and how to get one, call your child's health care provider or visit <https://www.vaccines.gov/>.

Q: What is the cost?

A: School based vaccinations are offered at no cost even if you have insurance.

Q: Who will give the vaccine to my child?

A: Trained clinical staff will provide the vaccine to your child.

Q: What kind of flu vaccine is offered at the clinic?

A: The flu vaccine given at school is injectable and quadrivalent, which means it is a flu shot that protects against 4 different influenza viruses. There are **no preservatives**, such as thimerosal, in the single dose flu vaccines provided.

Q: Will the intranasal flu vaccine (FluMist) be available?

A: The intranasal flu vaccine will not be offered due to increased screening requirements.

Q: Is the flu vaccine safe?

A: Yes, the vaccine is very safe. There may be redness and swelling at the site of the shot but most side effects of the vaccine are mild and go away on their own in a few days. There has been extensive research showing the safety of flu vaccines and hundreds of millions of Americans have safely received flu vaccines over the past 50 years.

Q: What if my child has a reaction to the vaccine?

A: The risk of a vaccine causing a serious reaction is extremely rare, but like any other medicine, it could possibly cause a problem such as an allergic reaction. All children will be screened by trained clinical staff based on the answers you gave when you completed the consent form. All children will wait at the clinic area for 15 minutes after vaccination. In the rare event of a reaction, staff are trained and equipped to handle the situation.

Q: Can the flu vaccine give you the flu?

A: No, the flu vaccine cannot give you the flu. There are many reasons your child might feel flu-like symptoms. For example, they might have been exposed to a non-flu virus before or after they got vaccinated or they might have been exposed to the flu virus after they got vaccinated but before the vaccine took effect. Remember, it takes about two weeks after you get the vaccine for your body to build protection against the flu. Mild side effects of the vaccine can also sometimes be mistaken for the flu.

Q: Will the children miss a lot of classroom time?

A: No, only small groups of children will be brought to the clinic area at a time and sent back to class as soon as possible.

Q: Can the entire family get their vaccine at the same time?

A: Currently, the state-provided influenza vaccine is only available for students and some staff. Children enrolled at the school can get a vaccine at our clinic. Your school nurse will inform you if there are any updates.

Q: Will my child need another dose of flu vaccine this season?

A: If your child is eight years old or younger and has not received at least 2 doses of flu vaccine in previous flu seasons, your child may need another dose of flu vaccine this season. Talk with your child's health care provider to see if a second dose is needed.

Q: Can I be with my child when he/she receives the vaccine?

A: We prefer that children receive the vaccine with their classmates but will make accommodations, if needed.

Q: What if my child refuses to get the vaccine on the day of the clinic?

A: We will encourage your child to get the vaccine along with the other classmates. Staff will not force your child. If your child does not receive the vaccine at the school, a note will be sent home explaining why.

Q: Can I volunteer to help with the clinic?

A: Contact the school nurse to see if you can help.

Q: What if my child feels sick on the day of the clinic?

A: Mild illness, such as the common cold, does not mean your child cannot get the flu vaccine. Your child will be evaluated by the vaccine clinical staff and the school nurse on the day of the clinic. Please follow your school's attendance policies.

Q: What if my child is absent on the day of the clinic?

A: If your child is absent on the day of the clinic and misses the flu vaccine, you can arrange to take your child to your health care provider or another location where flu vaccine is given.

Q: Can I change my mind after I send in a signed consent form/online consent form?

A: Yes. Contact the school.

Q: How is my child's confidentiality protected?

A: All clinic staff are bound by the Health Insurance Portability and Accountability Act (HIPAA) to protect your child's privacy.

Q: What is the NHIIS?

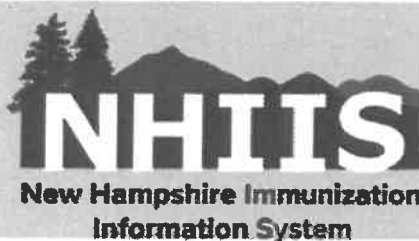
The New Hampshire Immunization Information System (NHIIS) is a secure, statewide, web-based system that connects and shares immunization information among authorized health clinics, health care provider offices, local health departments, schools, hospitals, and other health care facilities that give vaccines and provide medical care to New Hampshire residents. Vaccination information is confidential and protected by state and federal law.

Q: What are the benefits of NHIIS?

A: The NHIIS keeps all vaccine information in one place. It will follow you and your child, even if you move or change doctors or insurance. It provides an accurate record that is easily accessible for school, child care, or camp entry requirements. The NHIIS helps to ensure vaccines are up-to-date and that not too many or too few doses are given. It also helps to identify people at risk during an outbreak of a disease that can be prevented with vaccines. For more information about the NHIIS, please see the document: *NHIIS Information for Patients & Parents*.

Q: Where can I find out more information about the flu vaccine or the school clinic?

A: Refer to the information sent home with your child or visit the following CDC website:
<https://www.cdc.gov/flu/prevent/index.html>. If you have additional questions, ask your school nurse.



Information for Patients & Parents

What is an Immunization Information System (IIS)?

An IIS, sometimes called a vaccine registry, is a secure (HIPAA compliant), statewide, web-based system that connects and shares immunization information among public clinics, private provider offices, local health departments, schools, hospitals, and other healthcare facilities that administer immunizations and provide medical care.

The NHIIS (NH's Immunization Information System) is a service of the NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS). The NHIIS maintains vaccine information at no cost to the individual or healthcare provider.

What are the benefits of NHIIS?

- NHIIS consolidates a patient's vaccine information from multiple health care providers into a single reliable record;
- Healthcare providers have quick and easy access to immunization records for patients when needed (e.g., schools, licensed childcare centers, and/or camp entry requirements);
- NHIIS tracks immunizations so patients only receive needed vaccines when necessary
- In the event of a disease outbreak, NHIIS can assist in identifying if a patient requires immediate vaccination; and
- Healthcare providers will have access to a patient's vaccine history if a patient moves, changes providers, or experiences a natural disaster, such as flood, hurricane, or a disease outbreak.

Whose information can be included in NHIIS?

The NHIIS can be used to record vaccines for any person, of any age. However, not all healthcare providers participate fully in the NHIIS.

What information is shared with NHIIS?

Information shared to NHIIS by participating providers may include: Patient name, date of birth, gender, complete address, vaccine name, manufacturer, lot number and administration date.

Are patient records in NHIIS kept secure?

Yes. NHIIS was designed with multiple security controls in place to protect immunization information and patient confidentiality.

Is participation in NHIIS mandatory for patients?

No. Participation in NHIIS is voluntary.

- You have the right to Opt-In or Out of sharing your information with NHIIS by notifying your provider. You may be asked to complete a form indicating your choice.
- If you choose to Opt-In, you will be asked to provide explicit consent to share your/your child's vaccination and your/your child's vaccination information will be entered in the NHIIS.
- If you choose to Opt-Out, your information will not be entered in the NHIIS.

Do other states have Immunization Information Systems?

Immunization Information Systems are operational in all of the other 49 states.

- Some state IIS's share information so that the complete record "follows" the individual no matter where they live.
- NHIIS does not yet have this feature, but when developed, NHIIS participant's information may be exchanged with another state's IIS.

Do schools have access to this data?

School nurses have "read only" privileges in the NHIIS to view student vaccine records. If your child's record is already in the NHIIS, ask your school nurse, if a paper copy is needed.

Where can I find additional information?

Speak with your healthcare provider to learn more about the NHIIS. Additional information is available on our website at: <https://www.dhhs.nh.gov/programs-services/disease-prevention/immunizations/nh-immunization-information-system>.

How do patients obtain copies of their immunization records?

If you have Opted-In (shared) your/your child's vaccine information with the NHIIS, the record can be obtained from the Patient Portal at: <https://www.vaccines.nh.gov/vaccination-record-instructions>

If you have Opted-Out (not shared) your/your child's vaccine information with NHIIS, please contact your provider to obtain a copy of the record.



Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.



School-Based Clinic: Seasonal Influenza (“Flu”) Vaccination Record & Consent

DO NOT RETURN THIS FORM IF YOU DECLINE VACCINATION

PARENT/LEGAL GUARDIAN INFORMATION (IF MINOR):

Full Name: _____ Daytime/Cell Phone Number: _____

VACCINE RECIPIENT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

DOB: ____/____/____ Age: ____

Mailing Address:

Street Address: _____ Town/City: _____ State: ____ Zip: _____

Physical Address:

Street Address: _____ Town/City: _____ State: ____ Zip: _____

Email Address (parent/guardian email if minor): _____

Cell Phone Number (parent/guardian number if minor): _____

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Unknown/Not Reported

Ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Unknown/Not Reported

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Other Race
☐ Native Hawaiian or Other Pacific Islander ☐ Unknown/Not Reported

Complete for Vaccine Recipient: Does the person being vaccinated currently have Medicaid, Well Sense, NH Healthy Families or AmeriHealth Caritas? ☐ Yes ☐ No

SCREENING QUESTIONS:

Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the influenza vaccine. If you answer “yes” to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine. If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.		Yes	No
1. Have you ever had a severe allergic reaction (like anaphylaxis) to eggs or any component* of the influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
*More information on vaccine ingredients (components) is available from the FDA at: https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-quadrivalent-types-and-types-b			
2. Have you ever had a severe allergic reaction (like anaphylaxis) to a previous dose of any influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had Guillain-Barre syndrome (GBS) (an autoimmune neurological condition that results in sudden muscle weakness) that developed within 6 weeks after receiving an influenza vaccine?		<input type="checkbox"/>	<input type="checkbox"/>

CONSENT AND NOTICES:

A copy of your/your child’s vaccine record will be provided to you for your records. We recommend that you share a copy of this record with your/your child’s healthcare provider. You may also choose to Opt-in to the NHIIS so that your provider may access the record electronically. Per NH RSA 141-C:20-f sharing your/your child’s vaccine information with the NHIIS is voluntary and you are provided an opportunity to Opt-In (to share information) or Opt-Out (to not share information) prior to vaccination. No information will be shared with the NHIIS unless you have provided explicit consent to share your/your child’s vaccine information.

Recipient Last Name: _____ First Name: _____ M.I. _____

☐ I have been provided and reviewed information on the NH Immunization Information System (NHIIS).

NHIIS Consent: I choose to (check one):

☐ **Opt-In (share information)** I am consenting to share my/my child's vaccine information with the NHIIS.

Signature: _____

☐ **Opt-Out (do not share information)**

Immunization Consent: By signing below, I am acknowledging that I have received and reviewed the information provided, I have had any questions satisfactorily answered, and I understand the risk and benefits of receiving the influenza vaccine. By signing below, I also confirm that the information entered on this form is accurate and I GIVE CONSENT for the person named above (self or minor child) to be vaccinated with an age-appropriate influenza vaccine.

☐ I have reviewed the Influenza Vaccine Information Statement at:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>

Printed Name of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):

Signature of Person Receiving Vaccine/Parent or Legal Guardian (if Minor):

Date:

VACCINE RECIPIENT/PARENT/GUARDIAN - STOP HERE (ADMINISTRATIVE USE ONLY)

VACCINE ADMINISTRATOR MUST COMPLETE THE FOLLOWING SECTIONS:

Clinic/School Name:

BEFORE vaccinating, complete the following (check to confirm done):

☐ I have verified that the attached consent form has been signed by the vaccine recipient or parent/guardian (if minor)

☐ I have asked the recipient if they are feeling sick or unwell today (if vaccine recipient is sick, do NOT give vaccine)

☐ I have reviewed this form including the medical screening questions to identify potential vaccinate contraindications or precautions

☐ Recipient NOT vaccinated

Reason:

☐ Absent or did NOT attend clinic

☐ Refused the vaccine

☐ Incomplete consent form

☐ Other _____

If vaccine recipient is sick or answers "yes" to any of the screening questions, STOP!

Vaccine may not be appropriate, or additional information may need to be collected from the parent/guardian.

Administration Date:

Administration Time:

Wait Time: ☐ 15 min ☐ 30 min

Vaccine Name/Manufacturer:

Lot Number:

Expiration Date:

Route/Body Site:

VIS Publication Date:

VIS Given Date:

Provider Name & Address:

Name and Title of Vaccine Administrator:

Signature of Vaccine Administrator:

☐ NHIIS Opt In, Explicit
Written Consent obtained

Date Entered into
NHIIS:

Entered into NHIIS By:

☐ NHIIS Opt Out, DO NOT Enter into
NHIIS (record maintained by RPHN)

Needs Review: Yes ☐ No ☐

After vaccination this form was reviewed by:

Review Completed Date (if
applicable):