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Dear Parents/Guardians:

October 22, 2020

The Family Health Centers of Georgia in collaboration with Student Health Services would like to help protect our students from the flu this season by partnering with Ridgeview Charter Middle School to offer flu vaccinations at your child's school on Friday, November 6, 2020. The flu is more than just a bad cold; the flu in adults and children can be serious, and generally the flu can cause students and staff to miss a significant number of days from school. The flu vaccine can reduce the number of days absent from school which can increase students' academic success. The Centers for Disease Control (CDC) and the Georgia Department of Public Health are recommending routine flu vaccines for all school-aged children (6 months to 18 years of age).

The vaccines for students will be at no cost to the student. However; Family Health Centers of Georgia will bill the insurance companies for children who are covered under various health insurance plans.

This year, Family Health Centers of Georgia will be offering the inactivated injectable influenza virus vaccine. It is the flu vaccination that is given as a shot.

Please understand that participation and receipt of the flu vaccine through this program is completely voluntary. Your child's healthcare provider can answer your questions regarding the influenza virus and is also able to give your child the seasonal influenza vaccine. For additional information, please visit the CDC's influenza web site at <http://www.cdc.gov/flu/>.

We would like to thank you in advance for assisting us in keeping all of our students safe and healthy. If you have any questions, please do not hesitate to contact the School Based Health Center at Lake Forest Elementary at 470-254-0001 or your healthcare provider regarding the flu vaccine.

If you would like your child to receive the flu vaccine at school, please complete the bottom portion of this letter along with the questionnaire on the back and return to the school by **Monday, November 2, 2020**.

Sincerely,

Dr. Opie Blackwell, Principal

Dayana Regis, MSN, RN, CPNP-PC School-Based Health Center

Student's Name: _____ Birthdate _____ Grade: _____

Yes, I the parent/guardian of _____ give consent for my child to receive the flu vaccine. I understand this consent form must be returned by, **Monday, November 2, 2020** or my child will not receive the flu vaccine at school.

X _____
 Signature of Parent or guardian Date

PARENT/
 GUARDIAN: _____ Home/Work Phone _____

ADDRESS _____ CITY _____ ZIP CODE _____

MEDICAID _____ MEDICAID ID# _____

INSURANCE _____ POLICY ID # _____
 Name of Health Plan

Insurance Policyholder's Name _____ Birthdate _____

Screening Checklist for Contraindications

to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____