

BLOUNT COUNTY BOARD OF EDUCATION

Office of School Health
204 2nd Avenue East
Oneonta, Alabama 35121
205-775-1950

February 19, 2019

ATTENTION PARENTS

Students entering 6th grade in the fall (11 or 12 years of age) will require an additional dose of TDAP (tetanus-diphtheria toxoid & acellular pertussis) vaccination. Students must have this vaccine in order to enter 6th grade. This law became effective in 2010 and may be found in Rules of the State Board of Health, Chapter 420-6-1.03 (a).

HNH Immunizations from Union Springs, Alabama will provide a clinic in your child's school on March 11, 2019 (Monday) to offer the **required** TDAP vaccinations to 5th grade students. They will also be offering the **recommended** Meningococcal and HPV vaccines. There will be no charge to parents for this service. If your child has Medicaid, AllKids, or private insurance, HNH will bill the insurance company for the vaccine. If your child is uninsured, the vaccine will also be given free of charge.

In order for your child to be vaccinated at school, it will be necessary for you to **fully complete, print and sign your name and make a checkmark** for the vaccines that you are authorizing (see top of consent form).

Example: TDAP O Meningococcal O HPV O

An incomplete form will result in your child not being vaccinated. If you have any questions regarding this vaccination, you may contact the Blount County Board of Education at 205-775-1950, or HNH Immunizations at 205-609-0268.

Vaccination Consent Forms must be returned by Wednesday, March 6, 2019 to your child's school nurse.

Parent or Guardian of: _____

Vaccine consent form must be returned by: _____



Dear Parent / Guardian,

Students entering the 6th grade will require an additional dose of TDAP (tetanus-diphtheria toxoid & acellular pertussis) vaccine. Students must have this vaccine in order to enter 6th grade. This law became effective 2010 and may be found in Rules of the State Board of Health, Chapter 420-6-1.03(a).

If you would like to participate in our School Located Vaccination Clinic – **complete in full and sign** the consent form on the back of this form. Be sure to check the vaccines desired on the top of the form, if not checked- we will provide the ACIP recommended vaccines that your child is currently due for. There is no charge to parents for this service. If your child has Medicaid, AllKids, or private insurance, HNH will bill the insurance company for the vaccine. If your child is uninsured, the vaccine will also be given free of charge.

If your child is covered by PEEHIP – we cannot provide vaccinations for you. We apologize for this inconvenience- please contact PEEHIP at 1-877-517-0020.

Please see www.immunize.org or www.cdc.gov for current Vaccine Information Statement or more information regarding each of the vaccines recommended by CDC Advisory Committee on Immunization Practices (ACIP).

The following ACIP recommended vaccinations are available at the upcoming school located clinic:

Checked below are vaccines that your child should receive (School Nurse- please use ImmPrint forecast to indicate non compliant vaccinations)

- Tdap- Tetanus, diphtheria, pertussis : Ages 11-12 (also 10 years old and entering 6th grade)
- HPV- Human Papillomavirus: Ages 11-12 with a second dose after 6 months
- MCV- Meningococcal ACWY: Ages 11-12 with a booster dose recommended at age 16
- MCVB – Meningococcal B: Ages 16-18 with a second dose after 30 days

Please return the consent form – completed – with the desired vaccines checked – only if you wish for your child to be vaccinated during the school clinic- if not, please discard this form and make an appointment with your child's healthcare provider, local health department or pharmacy.

Feel free to contact us at 205-609-0268 with any questions or concerns,



HNH Immunizations Inc.

WWW.HEALTHHEROUSA.COM

HEALTH HERO

You Keep Them Smart
We Keep Them Healthy

Vaccine Consent Form



Please select the vaccine(s) you consent for your child to receive:

Tdap MCV MCV-B HPV

PLEASE COMPLETE ALL OF THE INFORMATION BELOW Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:									
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Birthdate: (month, day, year)					Age					Homeroom Teacher / Grade							
Address										Phone # ()									
City					Zip Code					State					Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :				
Email address:																			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> My child does NOT have health insurance <input type="checkbox"/>										Insurance Company:									
Policy Holder's First Name:										Policy Holder's Last Name:									
Member ID:										Policy Holder's Date of Birth: (month/day/year)									

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) with any vaccines?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child have any allergies to latex?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child ever had a condition called Guillain Barré Syndrome (GBS)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has your child ever had seizures or another nervous system problem?
<input type="checkbox"/>	<input type="checkbox"/>	5. If applicable, is the student pregnant or nursing?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, HNH Immunizations, Inc. & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

VACCINE INFORMATION STATEMENT

DTaP Vaccine

What You Need to Know

(Diphtheria,
Tetanus and
Pertussis)

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?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given at the same time as other vaccines.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
 - had a seizure or collapsed after a dose of DTaP,
 - cried non-stop for 3 hours or more after a dose of DTaP,
 - had a fever over 105°F after a dose of DTaP.

Ask your doctor for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.



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

5**What are the risks from DTaP vaccine?**

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

Mild problems (common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1–7 days (up to about 1 child in 30).

Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1–3 days after the shot.

Moderate problems (uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

6**What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

7**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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8**How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- 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/vaccines

**Vaccine Information Statement
DTaP Vaccine**

5/17/2007

42 U.S.C. § 300aa-26

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