Follow these steps for student or school personnel to receive a flu shot during school.

1. Read the Vaccine Information Statement.
2. Complete, neatly in ink, the *School Flu Consent*.
   a. Complete all information for person receiving vaccine.
   b. Fill in Medicaid or Medicare number if you have one.
   c. Fill in insurance information. If your insurance doesn’t pay, you will be billed for any client responsibility.
   d. Answer the three medical questions.
   e. Be sure to sign and date by the X.

**Return the completed consent to your school by September 13th, this includes students and school personnel.**

*This is important so staff can be prepared for the clinic.*

For information or more copies of the *School Flu Consent*, click on School Flu Clinics at [www.fdhu.org](http://www.fdhu.org).

If you are not sure if your insurance will cover vaccinations given by First District Health Unit, please call the number on the back of the card. For insurances who do not cover, call your local FDHU office for further questions or payment options.

*Children who are moderately ill or uncooperative will not be vaccinated.*

**We don’t want to give your student an extra shot!**

If you submit a flu vaccination consent but your child gets their flu shot somewhere else before the school clinic, please call and let us know.
School FLU CONSENT – Staff or Students

PLEASE PRINT neatly. Use full, legal name of person receiving vaccine.

FIRST NAME____________________________________   M.I. _____   LAST NAME___________________________________

DATE OF BIRTH ___________________ AGE______   M____ F____ PHONE daytime___________________________ ☐ CELL

ADDRESS____________________________________ CITY_______________________ STATE_____ ZIP__________

RACE Circle all that apply             White                           American Indian          African American        Alaska Native             Asian
Hispanic/Latino          Pacific Islander            Other                             Unknown

Student’s: Parent Name____________________________________________

School Name_______________________________ Grade____ Elementary Teacher__________________________________

☐ MEDICAID OR MEDICARE NUMBER:

☐ INSURANCE COMPANY:

Policy Holder: Name (First Mi Last):_________________________ Date of Birth: ______________________
Gender: Male / Female   Relationship to client:_________________________ Group # ______________________
Policy Holder ID #:______________________ Client ID # (if different):______________________

*Tricare use 11 digit Benefits Number on back of card: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

☐ Do not have insurance  (Under 18 yrs will be billed $20.90.) ☐ Mark if 2nd insurance info written on the back.

Y____N____ Had a serious reaction from a previous flu vaccination?

Y____N____ Allergic to latex, food, or medicine? List allergies:________________________________________

Y____N____ Had Guillain-Barré Syndrome, a temporary severe muscle weakness?

A copy of the Vaccine Information Statement(s) has been provided. I have read the information about the vaccine(s). I had an opportunity to ask questions and believe that I understand the benefits and risks of the vaccine(s). I consent to the administration of the vaccines listed to be given to the person named above & am authorized to give consent. FDHU Notice of Privacy Practices is available online or by request. I agree to pay and I am financially responsible for charges not covered by a third-party payer. I assign and authorize any third party payer/insurer to make direct payment to FDHU. I authorize the release of information necessary to process this claim. Information will be shared with the ND Immunization Information System.

SIGNATURE OF CLIENT OR PERSON AUTHORIZED TO CONSENT ON THE CLIENT’S BEHALF TO RECEIVE VACCINATION: X____________________________________ DATE:____________________

FOR FDHU STAFF USE ONLY

BCBS, Sanford, Tricare, Medica, Meritain and Preferred One are network insurances. (NOT Sanford True or United Healthcare)

☐ Private Vaccine   ☐ VFC Vaccine   Student/Staff feeling well today? Yes   No

<table>
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<th>CVX</th>
<th>Lot #</th>
<th>Site</th>
<th>Ages</th>
<th>Vaccine</th>
<th>CVX</th>
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<td>LA</td>
<td>RA</td>
<td></td>
<td></td>
<td></td>
<td>LA</td>
</tr>
</tbody>
</table>

Vaccine Administrator Initials ______________________ Date given ______________________

Amt Paid | Cash | Credit Card | Check # | Transact RX | Pmt Post’d | Demo | IMM widget | Note done/sent | ESB ✓ | Revised 6/24/19
Please read this important Vaccine Information about the flu shot before completing and signing the consent form.

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

1. Why get vaccinated?

   - Influenza (flu) can cause serious illness and even death. It is especially dangerous for people with certain health conditions, such as heart disease, lung disease, and diabetes. The flu can cause severe medical problems in these people.

2. Inactivated and recombinant flu vaccines

   - Inactivated flu vaccines contain a small amount of flu viruses that have been killed to prevent disease. These vaccines are available as inactivated intramuscular (IM) and intranasal (SN) vaccines.

3. Some people should not get this vaccine

   - People who are not fully vaccinated may not be protected from the flu.

   - If you have any severe, life-threatening allergies, consult your doctor for advice on what is appropriate for you.

   - If you have a history of Guillain-Barré syndrome (GBS), consult your doctor for advice on what is appropriate for you.

4. Risks of a vaccine reaction

   - Minor problems following a flu shot include:
     - soreness, redness or swelling where the shot was given
     - high fever
     - headache
     - muscle aches
     - feeling tired

   - Major problems following a flu shot that can include:
     - meningitis
     - Guillain-Barré syndrome (GBS)
     - encephalitis

   - There may be a small increased risk of Guillain-Barré syndrome (GBS) following a flu shot. This is the only type of vaccine-related complication that can be reported through the Vaccine Adverse Event Reporting System (VAERS).

5. What if there's a serious reaction?

   - Signs of a severe allergic reaction to a flu shot include:
     - swelling of face, lips, or tongue
     - difficulty breathing
     - a rash or hives

   - If you experience a severe allergic reaction after a flu shot, promptly seek medical attention.

6. The National Vaccine Injury Compensation Program

   - The National Vaccine Injury Compensation Program (NVICP) is a federal program that provides compensation to people who have been injured by vaccines.

7. How can I learn more?

   - Ask your healthcare provider about flu shots.

   - Call 1-800-322-4366 (1-800-36-CDCINFO) or visit CDC's website at cdc.gov/vaccines


Date of Flu Clinic | School | Date | Time
--- | --- | --- | ---
BOTTINEAU COUNTY SCHOOLS | Bottineau | 10/8 | 8:30
 | Newburg United | 10/24 | 8:30
 | Westhope | 10/22 | 8:30
BURKE COUNTY SCHOOLS | Souris | 10/10 | 8:30
 | Burke Central | 10/29 | 9:00
 | Powers Lake | 10/28 | 8:30
MCHENRY COUNTY SCHOOLS | Anamosa K-6 | 10/23 | 9:00
 | Drake 7-12 | 10/23 | 12:00
 | Granville | 10/30 | 9:00
 | Towner | 10/22 | 9:00
 | Velva | 10/29 | 9:00
MCLEAN COUNTY SCHOOLS | Garrison | 10/15 | 8:00
 | Max | 10/10 | 8:00
 | Turtle Lake | 10/14 | AM
 | Underwood | 10/22 | 9:00
 | Washburn | 10/24 | AM
 | Wilton | 10/28 | AM
RENELLE COUNTY SCHOOLS | Glendorn | 10/16 | AM
 | Mohill | 10/9 | AM
SHERIDAN COUNTY SCHOOLS | Goose Creek | 10/9 | 8:30
 | McCusky | 10/21 | 8:30
WARD COUNTY SCHOOLS | Berthold | 10/16 | 8:30
 | Burlington K-6 | 10/14 | 9:00
 | Denis Last 7-12 | 10/14 | 1:00
 | Head Start Jefferson | 10/8 | 8:30
 | Head Start Main | 10/7 | 8:30
 | Kenmare | 10/30 | AM
 | Minot Catholic | 10/15 | 8:00
 | Our Redeemers | 10/23 | 7:45
 | Nedrose Elementary | 10/23 | 1:00
 | Nedrose High School | 10/23 | 11:45
 | Sawyer | 11/6 | 9:30
 | South Prairie | 10/30 | 8:00
 | Surrey | 10/22 | 8:40
MINOT PUBLIC SCHOOLS | Bel Air | 10/28 | AM
 | Bell | 10/16 | AM
 | Central Campus | 10/29 | AM
 | Dakota (MAFB) | 10/22 | PM
 | Edison | 10/25 | AM
 | Erik Ramstad | 10/31 | AM
 | Hoven | 10/30 | AM
 | Tioga | 10/22 | AM
 | Lewis & Clark | 10/14 | AM
 | Longfellow | 11/1 | AM
 | Magic City Campus | 10/23 | AM
 | McKinley | 10/16 | PM
 | Memorial (MAFB) | 10/22 | AM
 | North Plains (MAFB) | 10/22 | AM
 | Parkett | 10/21 | AM
 | Roosevelt | 11/1 | AM
 | Souris River Campus | 10/29 | AM
 | Sunnyvale | 10/28 | PM
 | Washington | 10/24 | AM

The safety of vaccines is always being monitored. For more information, visit cdc.gov/vaccines/
What is Influenza?

It is a contagious disease that can cause these symptoms:

- Fever, Cough, Sore Throat,
- Body Aches, Chills, Runny or Stuffy Nose, Headache, Fatigue.

The flu virus can take you and your family members out of normal activities for weeks.

The flu vaccine can:

- Prevent you from getting the flu
- Make flu less severe if you do get it
- Help stop the spread of the flu to others

The flu vaccine does not protect against stomach flu or the common cold.

WHERE CAN YOU GET THE FLU VACCINE?

School Clinics
Dates on back and www.fdhu.org

Community Clinics
Visit fdhu.org for locations

Sanford Health
Walk-in Clinics

UND
Center for Family Medicine

Trinity Health
Visit www.trinityhealth.org

CHI
Visit www.chistalexishealth.org

Northland
northlandchc.org

Local Pharmacies
Visit fdhu.org for locations

FOLLOW US ON TWITTER AND FACEBOOK!

In the US, on average 100 kids die annually from the flu virus.

Our Minot office holds a walk-in flu clinic M-F, 8:30AM — 4:00PM during peak flu season. Walk-in community clinics are scheduled this fall in your area. Please check our website and Facebook page for time and dates!

BOTTINEAU - 228-3101
BOWBELLS - 377-2316
GARRISON - 463-2641
KENMARE - 385-4328
MCCLUSKY - 363-2506
MINOT - 852-1376
MOHALL - 756-6383
TOWNER - 537-5732
WASHBURN - 462-3330