

Dear Parents:

Dickinson County Public Health will be offering **INJECTABLE (NO FLU MIST) influenza vaccine** to **Preschool through 12th grade** students, at school this fall. Please read this letter completely, sign the consent form (on the back of this letter), and return to school **with appropriate insurance information** by **WEDNESDAY, OCTOBER 2, 2024.**

Flu Mist will **NOT** be offered. If your child does not tolerate shots, please make arrangements for them to receive the flu vaccine at one of the flu clinics available at Dickinson County Public Health in Spirit Lake by calling 712-339-6050.

Why vaccinate for flu? School-age children are four times more likely to be infected with influenza than adults. It is recommended that all children 6 months and older be vaccinated against the flu each year to protect their health. For more information on the flu vaccine, please review the [CDC's Influenza Vaccine Information Statement](#).

When will they get their vaccination? When vaccine is available (usually October). Watch the school website, newsletters, or emails for the dates at your child's school.

Children 8 years of age and younger who are getting a flu vaccine for the very first time need two doses at least four weeks apart. DCPH will return to administer a 2nd dose of flu vaccine to children 8 and younger who have never had flu vaccine before.

Is the influenza vaccine free or will there be a charge? This is dependent on your child's healthcare coverage, see box below:

IMPORTANT – READ CAREFULLY

- If your child is covered by a private health insurance plan (**NOT** Medicaid/Title-19), it is your responsibility to check with your insurance company ahead of time to see if flu vaccine is covered. Most insurance plans, including HAWK-I, cover flu vaccine. **PLEASE ATTACH A COPY (FRONT AND BACK) OF YOUR CHILD'S INSURANCE CARD.** You will be responsible for any unpaid portion.
- If your child is covered by Iowa Medicaid or an Iowa Managed Care Organization (Amerigroup or Iowa Total Care) **PLEASE ATTACH A COPY (FRONT AND BACK) OF YOUR CHILD'S INSURANCE CARD.**
- If your child has **NO** health insurance or if your insurance **DOES NOT COVER** flu vaccine, the Vaccines for Children (VFC) Program will cover the cost of the vaccination.

If you have any questions, please contact **Dickinson County Public Health at 712-339-6050.**

INJECTABLE FLU ONLY

PLEASE READ and COMPLETE ENTIRE FORM INCLUDING SIGNATURE AT THE BOTTOM

Consent Due by WEDNESDAY OCTOBER 2, 2024

Child's Personal Information: (Please Print)

YOUR CHILD'S SCHOOL BUILDING	GRADE	TEACHER NAME	Child's Last Name	Child's First Name	Child's M. I.
Child's Gender (please circle) Male / Female	Child's Date of Birth / /	Child's Age	Primary Physician/Nurse Practitioner etc.		
Current Address			City	State	Zip Code
Primary Phone Number		Alternate Phone Number (Optional)		Parent/Guardian First and Last Name	
Email Address			List All of Your Child's Allergies (use back if necessary)		

Healthcare Coverage (You MUST mark one):

☐ Insurance plan that covers flu vaccine (Attach Copy, front and back, of child's card)

Please include Policy Holder's Name: _____

☐ HAWK-I Health Insurance (Attach Copy, front and back, of child's card)

☐ Medicaid (Title 19)/Managed Care (Wellpoint, Molina, or Iowa Total Care) (Attach Copy, front and back, of child's card)

☐ Insurance plan that DOES NOT cover the flu vaccine

☐ No Health Insurance

☐ The child is American Indian or Alaskan Native

Please Circle Y or N for each of the screening questions.

**** If your child has already received influenza vaccine this fall (2024), stop here!**

Y or N Has your child EVER received influenza vaccine?

Y or N Does your child have an allergy to a component of the flu vaccine?

Y or N Has your child had a serious reaction to a flu vaccine in the past?

Y or N Has your child ever had Guillain-Barre Syndrome (GBS)? (If you don't know what this is, your student has not had it)

Consent for Administration of Influenza Vaccine for the above named:

I have read information about the vaccine and special precautions on the 8/6/2021 Vaccine Information Sheet. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am the parent or legal guardian and acknowledge that no guarantees have been made concerning the vaccine's success. This consent gives Dickinson County Public Health/Avera Lakes Regional Hospital and Clinics permission to file rendered services to my insurance carrier. It is my responsibility to inform the school about any change in the status of the above screening questions prior to the vaccination dates. (Consent form is valid 6 months from date of initial signature.)

Signature of Parent/Guardian _____ Date: _____

Office Use Only

Vaccine Information:

Dose #1

Date: _____ IM LD / RD Lot # _____ RN _____

Dose #2 (if needed)

Date: _____ IM LD / RD Lot # _____ RN _____

Insurance _____
T-19 _____
VFC _____