Fulton Public Schools

Dr. Ty Crain, Superintendent of Schools

Dr. Chris Hubbuch, Assistant Superintendent

Karrie Millard, Director of Special Services

Karen Snethen, PD & School/Community Programs

Dear Parent or Guardian:

Fulton Public Schools is excited to announce we are partnering with the Callaway County Health Department to provide flu shots to our students. Vaccination is the best way to protect your child and those around them from the flu.

- A nurse will administer the vaccination during school hours
- An administration date will be determined shortly
- Flu shots will be available to all students (medicaid, private insurance, uninsured)
- Vaccine will process through your insurance and **no payment** is due at time of administration
- You must fill out permission form AND provide insurance information if applicable
- Getting a shot can be scary for some children, no student will be vaccinated against their will or visibly upset
- Permission form is due **Wednesday October 21**

If you have any questions please call the Health Services Director, Lauren Jacobs at 573-590-8110.

Public Health
Prevent. Promote. Protect.

Callaway County Health Department
4950 County Road 304 Fulton, MO 65251
Phone: (573) 642-6881 Fax: (573) 642-2098

Environmental Public Health Services
(573) 642-5750

October 13, 2020

Dear Parents/Guardians:

The Callaway County Health Department is working with your child's school to give the seasonal influenza vaccine to children at school. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunizations Practices Strongly recommends that all individuals age 6 months of age and older be vaccinated against the Flu. Vaccination is the best way to protect your child and their close contacts from the Flu. For more information on influenza you may visit the CDC's Influenza web sites at http://www.cdc.gov/flu/and https://www.cdc.gov/flu/parents.

Callaway County Health Department is offering Flu vaccine to all students (ages 4 through 18). Please find attached, for parent review the Vaccine Information Statement for Flu Vaccine. For your child to receive Flu vaccine at school, please complete (front and back) the attached vaccine consent form and return to your school.

To complete the Payment information section of the vaccine consent form, you will need to do the following:

If your child is Medicaid eligible, please complete the form and provide their Medicaid number in the area on the form indicating Medicaid.

If your child is not Medicaid eligible, please complete the form and indicate if your child has eligible insurance listed on the form that will pay for flu vaccine and provide all insurance information. If your insurance does not cover flu vaccine, please contact the health department at 573-642-6881.

If your child is not eligible for Medicaid or private insurance, please indicate on the form in "NO INSURANCE" area.

If you have additional question about this program, please call the Callaway County Health Department at 573-642-6881.

Sincerely,
Carole Davis

Public Health
Prevent. Promote. Protect.
Callaway County
Health Department

Screening Questionnaire For Influenza Immunization

1. Is the person to be vaccinated sick today?	**Yes**	**No**	**Don't Know**
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	**Yes**	**No**	**Don't Know**
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	**Yes**	**No**	**Don't Know**
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	**Yes**	**No**	**Don't Know**

"I have read or have had explained to me the information on the influenza vaccine information sheet. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request."

Information for person to receive vaccine:

NAME	BIRTHDATE	AGE
ADDRESS	PHONE	
CITY	STATE	ZIP
SIGNATURE of person to receive vaccine or person authorized to make the request	DATE	

I acknowledge notification of the Callaway County Health Department Notice of Privacy Practices.

Sign: _____ Date: _____

Print name of client: _____

Print your name: _____
(If you are signing as the client's representative)

Describe your authority: _____

Effective date: This notice is effective 4-14-03.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
SERVICES PROVIDED ON A NON-DISCRIMINATORY BASIS

FOR CLINIC USE
Name of Clinic: CALLAWAY CO HEALTH DEPT
Date of Vaccination:
Manufacturer & Lot #:
Site of Injection:
Signature of Vaccinator:

Medicaid number (if applicable):

Eligible insurance information:

- Name:
- Insurance provider:
- Group ID:
- Member ID:
- Guardian date of birth:

** Please provide a copy of insurance card, front and back

Uninsured?: Yes No Don't Know