



FLU VACCINES will be offered to all Nashua District school age children, by the Nashua Division of Public Health and Community Services (DPHCS) at your child’s school. For the 2022-2023 Flu Season, **only inactivated injectable vaccines will be administered at the schools.** Please complete the information below and submit to the School Nurse. Keep the upper portion as your reminder for the Flu Clinic Schedules.

ATTENTION:

- Parents are responsible for notifying their child’s primary care provider of the vaccine administration.
- A receipt will be given to the student at time of the event.
- Children who are allergic to eggs may not receive our flu vaccine and should see their provider.

VACUNAS CONTRA LA INFLUENZA serán ofrecidas en todas las escuelas del Distrito escolar de Nashua por La División de Salud Pública y Servicios Comunitarios de Nashua en la escuela de su niño. Nosotros vamos a usar solamente INYECTABLES durante la Temporada de Influenza del 2022-2023.

Por favor complete la siguiente información y presentar a la enfermera de la escuela. Mantenga la parte superior como recordatorio de los horarios de la Clínica de la gripe

ATENCION:

- Los padres son responsables de informar a los proveedores médicos sobre la vacuna de sus hijos (as).
- Un recibo será entregado a los estudiantes en el evento. Usted también puede contactar al DPHCS para una copia.
- Niños que son alérgicos a los huevos no podrán recibir la vacuna, y deben consultar a su médico.

Location	Day	Date	Time
Charlotte Avenue Elementary School	Monday	September 19	10am-11am
Brentwood Academy & Preschools-Franklin St.	Tuesday	September 20	9:30am-10:30am
Pennichuck Middle School	Thursday	September 22	9am-11am
Birch Hill Elementary School	Thursday	September 22	12pm-1:30pm
Ledge Street Elementary School	Monday	September 26	9:30am-11am
Dr. Crisp Elementary School	Monday	September 26	12pm-2pm
Elm Street Middle School	Tuesday	September 27	9am-11am
Mount Pleasant Elementary School	Tuesday	September 27	1pm-2pm
New Searles Elementary School	Wednesday	September 28	9:30am-10:30am
MicroSociety Academy Charter	Thursday	September 29	9am-10:30am
Fairgrounds Middle School	Monday	October 3	9am-11am
Fairgrounds Elementary School	Monday	October 3	12pm-2pm
Amherst Street Elementary	Tuesday	October 4	9am-10:30am
Main Dunstable Elementary School	Wednesday	October 5	9:30am-11am
Broad St- Title 1 Preschool	Thursday	October 6	9am-10am
Broad St Elementary School	Thursday	October 6	10-11:30am
Academy for Science and Design	Tuesday	October 11	9:30am-11am
Sunset Heights Elementary School	Thursday	October 13	9:30am-11am
Bicentennial Elementary School	Thursday	October 13	12pm-2pm
Nashua High School North	Tuesday	October 25	9am-11am
Nashua High School South	Thursday	October 27	9am-11am

ONLY RETURN THIS FORM IF YOUR CHILD IS GETTING A FLU VACCINE

2022-2023 NEW HAMPSHIRE SEASONAL INFLUENZA VACCINATION CONSENT FORM

School Name:	Grade:	Teacher/Homeroom:
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SECTION 1: STUDENT/LEGAL GUARDIAN INFORMATION

Last Name:	First Name:	M.I.:	DOB (M/D/Y):	Age:	Gender Male ____, Female ____ Other _____
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Street Address/City/State/Zip Code

Parent/Legal Guardian's Name (Last, First) PRINT	Parent/Legal Guardian Daytime Phone Number ()
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Parents/Legal Guardian Date of Birth (Month/Date/Year)

Insurance Information

Is your child insured: Yes: ____ No: ____

Medicaid Eligible: Yes: ____ No: ____

Ethnicity: Hispanic ____ Non-Hispanic: ____

Race:

White/Caucasian: ____ Black/African American: ____ Asian: ____

Pacific Islander: ____ Alaskan Native or Native American: ____

Privacy and NH Immunization/Vaccination Registry notice: (NHIS)

» I Understand, as a condition of receiving a vaccine today, my personal health information, or that of my child/ward, may be shared as allowable under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) (see Notice of Privacy Practices)

» I Understand unless I have SIGNED THE SEPARATE Choose not to Participate in the NH Immunization/Vaccination Registry form exercising my right to opt out under NH RSA 141-C:20-f, and NH Administrative Rule He-P 307.06, and have checked the box below my immunization information will also be entered into the NH Immunization/Vaccination Registry

I choose NOT to participate in the NH Immunization/vaccine Registry (MUST COMPLETE SEPARATE FORM)

SECTION 2: SCREENING QUESTIONS

Your answers to the following section will help decide if your child can be vaccinated at school with the influenza vaccine. If you answer "yes" to any of these questions, please contact your child's doctor to discuss other ways to receive the vaccine.	YES	NO
Does your child have a serious allergy to eggs or any component of the influenza vaccine?		
Has your child ever had a severe life-threatening reaction after a dose of the influenza vaccine in the past or been told to not to get the influenza vaccine by the healthcare provider?		
Has your child ever had Guillain-Barré Syndrome (an autoimmune neurological condition that results in sudden muscle weakness)?		

SECTION 3: CONSENT FOR MY CHILD'S VACCINATION IN SCHOOL

I have viewed the 2022-2023 Injectable Influenza Vaccine Information Statement at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> or requested hard copies obtained by calling the Nashua Division of Public Health & Community Services at 603-589-4500, option 2 I understand the benefits and risks of the vaccine and ask that the influenza vaccine be given to the student named above for whom I am authorized to make this request.

YES, I DO WANT MY CHILD NAMED ABOVE TO BE GIVEN THE INFLUENZA VACCINE AT SCHOOL.

→ SIGNATURE REQUIRED OF PARENT/LEGAL GUARDIAN _____ DATE: _____

SECTION 4: ADMINISTRATIVE USE ONLY. All sections must be completed by the person administering the vaccine.

Before vaccinating check that you have completed the following:	Publication date on VIS:
1. I have asked the student if they are feeling sick or unwell today ____ (check if asked)	Child NOT vaccinated- Reason: _____
2. I have reviewed this entire form including the screening questions ____ (check if completed)	

Vaccine	Date Dose Given (MM/DD/YYYY)	Route IM: DELTOID L ____ R ____	Manufacturer	Lot Number	Name/Title of Vaccine Administrator



Choose not to Participate in the New Hampshire Immunization/Vaccination Registry
Elijo no participar en el Registro de Inmunización/Vacunación de New Hampshire

I choose not to participate in the New Hampshire immunization/vaccination registry.

Elijo no participar en el registro de inmunización/vacunación de New Hampshire.

I choose not to have my child participate in the New Hampshire immunization/vaccination registry.

Elijo que mi hijo no participe en el registro de inmunización/vacunación de New Hampshire

I understand that this decision will not prevent me or my child from receiving immunizations.

Entiendo que esta decisión no impedirá que yo o mi hijo recibamos vacunas.

I understand that I may reverse my decision at any time by completing a “Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry” form provided by my current health care provider.

Entiendo que puedo revertir mi decisión en cualquier momento completando un formulario de "Revertir la decisión anterior de no participar en el registro de inmunización/vacunación de New Hampshire" proporcionado por mi proveedor de atención médica actual.

I understand that my or my child’s immunization/vaccination information will not be released to the New Hampshire immunization/vaccination registry.

Entiendo que mi información de inmunización/vacunas o la de mi hijo no se divulgará al registro de inmunizaciones/vacunas de New Hampshire.

DATE: _____
Fecha

PATIENT NAME PRINTED: _____
NOMBRE DEL PACIENTE (impreso)

Date of Birth _____
Fecha de Nacimiento

PATIENT SIGNATURE (18 & over): _____
NOMBRE DEL PACIENTE (firma)

GUARDIAN NAME PRINTED if person is under the age of 18 years: _____
NOMBRE DEL GUARDIÁN si la persona es menor la edad de 18 años (impreso):

GUARDIAN SIGNATURE if person is under the age of 18 years: _____
NOMBRE DEL GUARDIÁN si la persona es menor la edad de 18 años (firma):

WITNESS by current health care provider: _____
TESTIGO del proveedor de atención médica actual

Patients who choose to decline participation in the registry are not relieved from the obligation to comply with current immunization requirements set forth in RSA 141-C:20-a and He-P 301.14.

Los pacientes que optan por rechazar la participación en el registro no están exentos de la obligación de cumplir con los requisitos de inmunización vigentes establecidos en RSA 141-C:20-a y He-P 301.14.

To be completed by current health care provider:

Date entered into electronic medical record: _____ Initials: _____