Boeblingen Elementary and Middle SCHOOL
FLU VACCINATION CLINIC –
September 25 and 27th, 2013

PERMISSION FORMS DUE BY SEPTEMBER 23, 2013

MEMORANDUM FOR BOEBLINGEN ELEMENTARY AND MIDDLE SCHOOL PARENTS/GUARDIANS

SUBJECT: FLU MIST Immunization Clinic

Permission form and PATCH Pediatric Screening form DUE BY SEPTEMBER 23, 2013

All documentation for flu vaccines is due by October 25, 2013.

FROM: Bonnie Kerr RNc, BSN

In response to guidance received from Director, DoDEA) and the Command Surgeon, US European Command, the seasonal flu immunization will remain a requirement for enrollment in DoDDS schools. Students will be permitted thirty (30) days from the time the local medical authority notifies the school administration that the flu vaccine is available to obtain the required flu immunization. DoDEA Immunizations SY 2013-2014

The Patch Health Clinic is offering your child the opportunity to receive this vaccine at Boeblingen Elementary and Middle School on SEPTEMBER 25 AND 27TH depending on the grade.

SEPTEMBER 25TH = K, 1, 2, 3, AND 8TH (PART OF 7TH)

SEPTEMBER 27TH =4, 5, AND 6, AND THE REST OF 7TH.

If your child is high risk, i.e. has **ASTHMA,** Diabetes, latex allergy, **or other health conditions,** and needs the injection, they can also receive the vaccine at this school-based clinic. You may also take your child to the Pediatric Clinic or the Immunization Clinic at Patch Health Clinic.

If your child is **ALLERGIC to EGGS**, please note this below for documentation as they will have to see their provider for the vaccination and cannot participate in this clinic.

If you would like your child to take the flu mist or injection at the Boeblingen ES/MS immunization clinic on SEPTEMBER 25TH OR 27TH , please complete, sign and return both the Permission form **and** the attached Pediatric Screening Form. In addition, it is important to read the attached information about the flu mist or injection carefully.

If you do not wish for your child to participate in this vaccination clinic, please complete the corresponding section below and return form to your student's home or advisory teacher or Nurse Kerr, as well.

----------**COMPLETE AND RETURN THE PERMISSION FORM BELOW & THE SCREENING FORM**----------

Complete and return this document and the PATCH Pediatric Screening form to your student's home room or advisory teacher, by SEPTEMBER 23, 2013.

_____

Home room or advisory teacher

_____	_____	_____	_____
Child's last name	**Child's first name**	**Birth Date**	**Grade 2013-2014**

My signature below indicates that I give my permission for my child to receive the flu vaccine at Boeblingen ES/MS by the Patch Medical Clinic:

☐ Flu mist

☐ I will get my flu vaccine with my provider and provide documentation to the School Nurse by **OCTOBER 25, 2013** when completed.

☐ Waiver (see attached)

☐ Flu injection~ ***List medical reason for injection below***

_____

List your Child's Allergies or any health issues_____

Home telephone_____ Cell phone_____

_____	_____	_____
Print Parent's Name	Signature	**Sponsor's Social Security # (last 4)**

Choose ~ [ ] I wish to volunteer to help on this day. [ ] I am a nurse and would like to assist.

STUDENTS MAY BRING THEIR YELLOW IMMUNIZATION CARD TO DOCUMENT THE VACCINATION.