

# WINSLOW HIGH SCHOOL

20 DANIELSON STREET  
WINSLOW, ME 04901-6895

MAIN OFFICE - (207) 872-1990 GUIDANCE OFFICE - 859-2437 FAX - (207) 859-2450

DOUGLAS L. CARVILLE, *Principal*  
TERRY D. ATWOOD, *Assistant Principal*  
CARRIE M. LARRABEE, *Athletic Administrator*

VICTORIA A. LINDQUIST, *Guidance Director*  
THOMAS J. MCNEIL, *Guidance Counselor*

October 14, 2011

Dear Parents,

**Winslow High School** will be partnering with MaineGeneral Medical Center again this year to hold flu vaccination clinics in the schools. The clinic will be held on **Wednesday, November 9, 2011 at the Winslow Elementary School.**

The federal Centers for Disease Control and Prevention recommend flu vaccinations for all children age 6 months and older. The 2011 – 2012 vaccine provides protection against A/H1N1 (pandemic) influenza and two other influenza viruses– influenza A/H3N2 and influenza B. It will not prevent illness caused by other viruses.

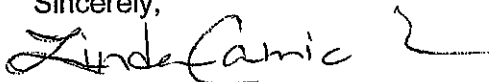
The vaccination is available as a “shot,” or as nasal mist. Also, some students may require a booster and you can discuss this with your school nurse or with your child’s healthcare provider.

MaineGeneral has a *Health Screen & Permission Form* and *Vaccine Information Sheets* that all parents must receive before the clinics are held. Parents should keep the *Vaccine Information Sheets* for their records. Parents should sign the *Health Screen & Permission Form* and return it to the school by October 31, 2011. Students will receive an immunization record card to take home for their records.

Last year, about half of students in central Maine received flu vaccinations. This helped reduce the number of children and adults who had the flu, and helped reduce complications for people who did get the flu. We encourage you to have your child vaccinated this year, to protect your child, your family and members of your community.

Please complete the enclosed *Health Screen & Permission Form - Influenza Vaccine* and return it to your school by October 31, 2011. If you have questions, please contact Linda Camic, your school nurse at 859-2434.

Sincerely,



Linda Camic  
Winslow High School Nurse

## Tips for Staying Healthy

- Wash your hands!
- Cover your coughs and sneezes with your elbow and not your hand!
- Stay home if you're sick!
- Get vaccinated!

**Together we can keep our community healthy!**

## HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine

(rev. July 2011)

Please answer the following questions about the person to be vaccinated. This will tell us if you, he, or she should receive the influenza vaccination.

NAME:	BIRTHDATE:	AGE:
ADDRESS:	CITY:	TELEPHONE:

YES      NO

1) Does this person have an allergy to eggs, chicken, gentamicin, gelatin, or arginine?		
2) Has this person ever had a serious reaction to immunizations in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		
<b>If you answered “yes” to any of the above questions, this person cannot receive flu vaccine at the scheduled school clinic. Please contact your health care provider instead.</b>		
4) Does this person have asthma, diabetes, lung disease, heart disease, kidney problems, a blood disorder, immunodeficiency disease, or take aspirin or immunosuppressive therapies?		
5) Has this person received any other vaccinations in the past 4 weeks? Include date and type of vaccinations received: _____		
6) Does this person have a weakened immune system or come in close contact with someone who has a weak immune system (for example, HIV, cancer) or is this person taking medications such as steroids or those used to treat cancer?		
7) Could this person be pregnant or nursing?		
8) Is this person an American Indian or an Alaskan Native?		
9) I agree to allow this information to be entered into the State of Maine ImmPact registry which will be available to my primary care providers.		
10) Is this person insured by MaineCare (Medicaid)?		
11) Is this person under-insured (has insurance that does not cover flu vaccine)?		
12) Is this person uninsured?		
13) I give permission for a record of this vaccination to be used to bill insurance for the cost of providing the vaccine. Health Insurance Company (if any) and ID Number: <b>(see other side)</b>		
14) I was given a copy of the 2011 Influenza Vaccine Information Statement and I have read it or had it explained to me. I understand the benefits and risks of the 2011 Influenza Vaccination <b>and ask that the vaccine be given to this person.</b> I understand that if I sign below, I am giving my consent either on behalf of myself, my child/ward, or both, to receive the most appropriate vaccine, as determined by the health care provider giving the vaccination.		
<p style="margin-left: 40px;"><b>X</b> _____</p> <p style="margin-left: 40px;">Signature of person to be vaccinated or signature of parent or guardian if person to be vaccinated is a minor.</p>		
Parent or Guardian Name (please print): _____		Date: _____

**FOR OFFICE USE ONLY:**

Date Dose Administered	Vaccine	Vaccine Manufacturer	Lot Number	Dose Volume	Name and Title of Vaccine Administrator	Body Site	Route
/ /							<input type="checkbox"/> IM <input type="checkbox"/> Intranasal

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For billing purposes, please complete the following information for the person to be vaccinated:

Name and address of Legally Responsible Person: \_\_\_\_\_  
\_\_\_\_\_

Insured Name: \_\_\_\_\_

<b>Insurance (circle one)</b>	<b>Policy number</b>
MaineCare	
Anthem	
Aetna	
Cigna	
Other (name): _____	