

To: St. Mark's Parents
From: Linda Miller, RN

- We will be offering the seasonal flu vaccine to all students for the 2011-2012 flu season. This is the sixth year that we have made this service available to the student body in hopes that it will help reduce the amount of absenteeism. We have received our shipment of vaccines and will begin delivering the flu vaccine to students as soon as arrangements can be made for administration.
- The flu vaccine is provided by the state through the VFC (Vaccines For Children) Program at no cost. Vaccine information sheets are available in the main office.
- Please sign and return the consent form below as soon as possible if you wish your child to receive the flu vaccine. **We will administer the injectable vaccine.** We also have nasal vaccines available. Please indicate your preference for the nasal (live) vaccine below.
Nasal vaccine only _____
- If you have questions, contact MaryLou Cunningham at 375-6010, Linda Miller at 484-5731 or Kim O'Sullivan at 344-9738.

CONSENT FOR 2011-2012 FLU VACCINE

Student Name: _____ Birthdate: _____

Address: _____ City/Zip: _____

Phone # _____ Grade: _____ Age _____

I have read the information about the flu vaccine. To the best of my knowledge, my child is not pregnant, has not had an allergic reaction to this vaccine, and has not previously been vaccinated against the flu this season. I understand the benefits and risks of receiving the vaccine and assume full and complete responsibility for any liability that may arise as a result of the administration of the vaccine. I request that the flu vaccination be administered to my child and I release and indemnify the Roman Catholic Diocese of Boise and Bishop Kelly High School from any claims arising as a result of the administration of the vaccine to my child.

I give permission to **enroll** my child and to transfer my child's immunization records into the statewide **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my child's health care providers, child care providers and schools. I understand I may be asked for information that will help ensure my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, telephone number, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into **Immunization Reminder Information System (IRIS)**. (Check if you do not want your child enrolled in IRIS____)

Signature _____ Relationship to Child _____ Date _____

(over)

For State records, the following questions must be answered (all children are eligible, regardless of the answers to these questions):

Is your child enrolled in Medicaid? Y__ N__

Is your child American Indian or Alaskan Native? Y__ N__

Does your child have health insurance? Y__ N__

Does your health insurance pay for vaccines? Y__ N__

Student insurance carrier is _____.

*****FOR OFFICE USE ONLY*****

Record of Immunization Administration

1st Dose (at elected date)

Given IM Right/Left Deltoid Muscle or nasal route

Date administered:	Lot #: Manufacturer	VIS Date	Administered by RN:

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