

2022-2023 Recommended Student Immunization

In an effort to reduce the transmission of influenza in children, the Pipestone Family Clinic will be holding Flu Vaccination Clinics in the Pipestone and Edgerton Schools for student grades K-12. (Exact dates and times will be announced at a later date.) We will be offering the flu shot only. Our vaccines are preservative free. **Please read the Vaccine Information Statement to be well informed about the vaccine.**

If you would like your child to receive this immunization during the school flu vaccination clinic, please complete the form. ***If you answer “yes” to any of the questions, talk to your doctor before getting the vaccine.***

The influenza vaccine is offered at no cost at this time. For administrative purposes, a copy of the front and back of the vaccine recipient’s insurance card is required.

Please return the form to your child’s school **no later than September 30th**. Forms **will not** be accepted after this date. **No vaccines will be given without a fully completed and signed consent form along with a copy of the insurance card.** Indicate on the form if the vaccine recipient does not have insurance. For any questions or concerns, please contact your school nurse or the Pipestone Family Clinic at 507-825-5700.

FLU FACTS

Parents should be aware that some children might need two doses of influenza vaccine. Children younger than 9 years of age need 2 doses of influenza vaccine if being vaccinated for the first time - or who got influenza vaccine for the first time last season but got only one dose - should get 2 doses, at least 4 weeks apart, to be fully protected. Parents will need to bring their children to the clinic for the second dose. Insurance coverage for the 2nd dose varies by company. Please check with your insurance company to verify coverage for children needing the 2nd dose.

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include: fever/chills, sore throat, fatigue, cough, headache, muscle aches, and runny or stuffy nose.

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Influenza can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

Please read the Vaccine Information Statement (VIS) before registering your child for the vaccine.

Flu shot clinics are subject to cancellation due to possible nationwide flu vaccine shortages.

9/6/22

FLU VACCINE 2022-2023 (Minor)

Pipestone Family Clinic, 916 4th Ave SW,
Pipestone, MN 56164, (507) 825-5700.

Legal Name: First		Last	
Age	Birthdate M/D/Year	Student Grade	
Home Street Address		City	County
		State	Zip
School Name	Parent/Legal Guardian Name	Parent/Legal Guardian Phone Number	
Student Primary Care Provider (PCP) Name		Student PCP Phone Number	

Forms are due September 30th, 2022

Please answer the following questions

YES NO

- Does the person to be vaccinated have a serious allergy to eggs or component of the vaccine?
May include antibiotics, gelatin or latex. [] []
- Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? (Flu shot or Flu Mist) [] []
- Has the person to be vaccinated ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? [] []

Pipestone County Medical Center is offering the influenza vaccine free of charge at this time. For administrative purposes please include a photo copy of the front and back of your insurance card.

- I have attached a copy of the insurance card for the person receiving the vaccination.
- The person receiving the vaccination does **NOT** have health insurance.
- I give consent to Pipestone County Medical Center and its staff for my minor child named at the top of this form to be vaccinated with the influenza vaccine. If this consent is not signed, the child will not be vaccinated.

This information is private and will not be shared with anyone except childcare facilities, schools, Minnesota Department of Health, licensed healthcare facilities & professionals such as doctors and nurses, health insurers, Head Start programs, and county public health agencies. I have been given, offered, read, or have had explained to me information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits and ask that the vaccine be given to me or the person named above.

Assignment of Benefits and Responsibilities for Payment: This allows us to bill your health plan or company and receive payment directly. It also means that you agree to pay for services not covered by your health plan. I authorize this health provider to bill my health plan or other payers on my behalf, and to receive direct payment of authorized benefits. I agree that it is my responsibility

X _____ Date: _____
Signature of Parent or Legal Guardian

Please provide a phone number where you can be reached on the day of the clinic: _____

For Clinic/Office Use Only	
State / PFC	
Vaccine type / Dosage: FluLuval	
Manufacturer: GlaxoSmithKline	
Lot #	
Expiration	
NDC: 19515-808-52	
Route: IM	Site of Injection: Rt deltoid Lt deltoid
Signature and title of vaccine administrator/ Date	
Is the person to be vaccinated sick today? Yes / No	
VIS: 8/6/2021	Registered _____ EMR _____ Departed _____ Billing _____ HIM _____