

Lewiston Public Schools

36 Oak Street, Lewiston, ME 04240

(207) 795-4100

www.lewistonpublicschools.org

September 4, 2009

Dear Parent/Guardian,

On February 25, 2009, the Federal Center for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP) made a new recommendation for the use of SEASONAL influenza vaccine for the 2009-2010 influenza seasons. Starting this school year all children are recommended to receive vaccination against SEASONAL influenza. Public clinics will be held in October and November.

In light of this new influenza recommendation the Maine Department of Education (DOE) and the Maine Immunization Program (MIP) are offering influenza immunization clinics in your child's school for all school aged children who are students. We will only be able to vaccinate students who attend the school. Any siblings who are not students will need to be vaccinated at their provider's office. Dates for these clinics are **September 21-28, 2009**.

Day	Date	Schedule	School
Monday	9/21/09	AM / PM	Farwell
Tuesday	9/22/09	AM	Longley
Tuesday	9/22/09	PM	Martel
Wednesday	9/23/09	AM / PM	Montello
Thursday	9/24/09	AM / PM	Geiger
Friday	9/25/09	AM / PM	McMahon
* Week of 9/21/09 – 9/28/09		During school days	LMS and LHS

These school influenza clinics will be held during the normal school day. (See time schedule above) Parents are welcome to attend this clinic with their child. Adult vaccine will not be available on that day.

If you are interested in your child receiving a SEASONAL influenza vaccine at school at no cost to your family, please complete **both pages** of the Maine Immunization Program permission form and return it to the school nurse by the scheduled vaccination date.

If you have any questions, please contact the school nurse.

Thank You

◆—————◆
The Department of Education and the Maine Immunization Program

PLEASE FILL OUT BOTH PAGES OF THIS FORM COMPLETELY

I have been provided a copy of and have read the *Vaccine Information Sheet* enclosed. I believe I understand the benefits and the risks of the SEASONAL Influenza Vaccination and ask that the vaccine be given to my child

_____ *Print Child's Name*

Signature of Parent or Guardian: _____ Date: _____

**Lewiston Public Schools Seasonal Influenza Vaccine Clinic
2009-2010**

NAME: _____ BIRTHDATE: _____ AGE _____

ADDRESS: _____ CITY: _____

TELEPHONE: _____

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

SCHOOL: _____ GRADE: _____ TEACHER: _____

HEALTH SCREEN

The following questions will help us determine if there is any reason your child should not receive the injectable SEASONAL influenza vaccination on clinic day. Please answer every question.

- | | | |
|---|-----|----|
| 1.) Is this child ill? | YES | NO |
| 2.) Does this child have an allergy to eggs or to a component of the vaccine? | YES | NO |
| 3.) Has this child ever had a serious reaction to SEASONAL influenza vaccine in the past? | YES | NO |
| 4.) Has this child ever had Guillain-Barre Syndrome? | YES | NO |
| 5.) Could this child be pregnant? (grade 6 and up) | YES | NO |
| 6.) If this child is 8 years or younger, have they received 2 or more previous flu shots? | YES | NO |
| 7.) I give permission for this form to be sent to my child's primary care provider | YES | NO |

Primary Healthcare Provider is: ___ Pediatric Associates ___ Central Maine Family Practice
 ___ Central Maine Pediatrics ___ B Street Health Center

Other: _____ Phone number _____

PLEASE NOTE: If your child is 8 years or younger a second booster shot for the SEASONAL flu is recommended. This is for a child who has not had a flu shot before or only had one shot last year. The school will be providing the first vaccination. It is up to the parent/ guardian to contact their primary care physician for the booster shot.

FOR OFFICE USE ONLY

Date given	Manufacturer	Lot #	Site	Dosage	Provider Signature
	Sanofi-Pasteur _____		RD _____ LD _____	0.5 cc IM	

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE