

*Gove County Health Department  
521 Garfield Street  
Quinter, Kansas 67752  
785.754.2147*

October 10, 2019

Dear USD 293 Parents,

The Gove County Health Department will be providing flu shots on Tuesday, October 30<sup>th</sup>, 2019 at the following locations:

- Quinter Grade School 8:30 am – 10:00 am
- Quinter High School 2 pm – 3:30 pm

Note: Anyone is welcome to receive their flu shot at either of these locations.

Please complete the enclosed consent form and return to school on October 30<sup>th</sup> when receiving your shot. Please enclose a copy of your insurance card so we may bill your insurance. For students who are not covered by any health insurance, please contact the Health Department.

FluZone is the flu shot we are accustomed to getting. This vaccine contains killed influenza virus. The flu shot is well-tolerated by most children.

FluMist is limited in supply this year. It is only available at the Health Department on a first come, first serve basis. Please call for an appointment, 785.754.2147.

Anyone who is moderately or severely ill should not receive any flu vaccine until they are healthy again. Please consult your physician or the Health Department if you have questions.

The Centers for Disease Control recommends children under the age of 9 years, who are receiving flu vaccination for the first time this year receive a second flu vaccination 4 weeks following the first dose.

If you have any questions regarding information in this letter, please contact Cheryl Goetz at the Gove County Health Department at 785.754.2147.

Sincerely,

*Cheryl Goetz RN*

Gove County Health Department  
521 Garfield St., PO Box 55  
Phone 785-754-2147, Fax: 785-754-2163, Quinter, Kansas 67752

\_\_\_\_\_ in VaxCare  
\_\_\_\_\_ in Kmap  
\_\_\_\_\_ in excel  
\_\_\_\_\_ in Kiphs  
\_\_\_\_\_ in logbook  
\_\_\_\_\_ in Hub

## VACCINE PERMIT INFLUENZA

I have been offered or provided, whether accepted or not, a copy of the Vaccine Information Statement(s) checked below. I have read, or have had explained to me information about Influenza vaccines. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the Influenza vaccines and ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. (If applicable, I authorize Gove County Health Department to bill Medicaid/KanCare or my Insurance for the Flu Vaccination.)

Influenza (ages 6 months thru 64 years)       High Dose Influenza (ages 65 +)

### Information about person to receive vaccine.

Name _____	Birthdate _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address _____	City _____	State _____	Zip _____	
Phone Number _____	Doctor _____			
<b>For billing purposes, please provide a copy of your insurance card, Medicare card or Medicaid card, both front and back.</b>				
Card holders name: _____	Type of Insurance: _____			
Group Number: _____	Insurance Number: _____			
Card holders Date of birth: _____				
Are you allergic to eggs? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have a history of Guillain-Barre Syndrome? <input type="checkbox"/> YES <input type="checkbox"/> NO				
X _____	Date _____			
Signature of person to receive vaccine or person authorized to make the request(guardian)				

### For Clinic/Office Use

Date Vaccine Administered \_\_\_\_\_ Place Vaccine Administered \_\_\_\_\_

Vaccine	Site of Injection	Manufacturer	Lot Number	VIS Number	Exp. Date
Influenza	<input type="checkbox"/> Right <input type="checkbox"/> Left deltoid/leg	_____	_____	08/07/2015	_____

Signature of Vaccine Administrator \_\_\_\_\_