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[www.howell.k12.nj.us](http://www.howell.k12.nj.us)

# HOWELL TOWNSHIP PUBLIC SCHOOLS

PROUD OF OUR SCHOOLS - CONCERNED FOR OUR CHILDREN

PATRICIA CALLANDER  
Assistant Superintendent/Pupil Services

January 25, 2010

(732) 751-2480 x3805  
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Dear Parents/Guardians:

We are pleased to inform you that the Monmouth County Department of Health will be holding another H1N1 vaccination clinic for students (and their siblings) who are currently enrolled in the Howell Township Public School System. This clinic will be held on Saturday, January 30, 2010 between the hours of 9 and 11 a.m. at Memorial Middle School.

Students from other Monmouth County towns will be eligible to receive the vaccine between the hours of 11 a.m. and 3 p.m. on January 30<sup>th</sup> as well. Howell students can elect to attend during these hours if needed.

H1N1 influenza, or Swine Flu, can cause serious illness which can be life-threatening for certain individuals. The Centers for Disease Control suggest that the best way to limit the spread of this potentially serious illness is vaccination.

Vaccination for H1N1 is completely voluntary. Pre-registration for the clinic is not required; however, we do request that you fill out the vaccine consent form on the reverse of this letter and bring it with you to the clinic. Please complete one form for each person who will be attending the vaccination clinic. A legal parent or guardian must complete and sign the form for any child under the age of 18. Also, for children under the age of 10 that require their second dose, the vaccine card that documents their first dose is needed. For additional copies, please visit the district website at [www.howell.k12.nj.us](http://www.howell.k12.nj.us).

The vaccine at these clinics will be available at no charge. Thimerisol-free vaccine is available. Healthy individuals 2 through 49 years of age will be given flu mist only.

Individuals who *may not* receive the H1N1 or any influenza vaccine are:

- those with an allergy to eggs and egg proteins
- anyone with a previous life threatening reaction to a flu vaccine
- individuals with a history of Guillain-Barre syndrome

Clinic participants will be screened by a registered nurse regarding risk factors and educated about the vaccine. Additionally, children less than 10 years of age will require two doses of the vaccine, which should be given approximately one month apart.

If you require additional information regarding the H1N1 influenza or the vaccinations, please refer to the links on our website. Remember, good health habits are the best preventive measures against this virus. We look forward to working with you to keep the students of the Howell Township Public Schools healthy and safe.

Sincerely,

Patricia Callander  
Assistant Superintendent of Pupil Services

Att

## Monmouth County Health Department 2009 H1N1 Influenza Vaccine Consent Form

**Section 1: Information about Child to Receive Vaccine (please print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month      day      year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

**Section 2: Screening for Vaccine Eligibility**

If your child has already been vaccinated with 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1      Date received: month \_\_\_\_ day \_\_\_\_ year      Form (please circle):    nasal spray      shot
- Dose 2      Date received: month \_\_\_\_ day \_\_\_\_ year      Form (please circle):    nasal spray      shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

**A. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.**

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

**B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.**

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month ____ day ____ year	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: Consent**

My preference for my my (my child's) influenza vaccine is the following:

- Inactivated injectable vaccine only       Live attenuated intranasal influenza vaccine only       Either injectable influenza vaccine or live attenuated intranasal influenza vaccine

**CONSENT FOR CHILD'S VACCINATION:**

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school)

I DO NOT GIVE CONSENT to the STATE/LOCAL health department and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_ day \_\_\_\_ year \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date: month \_\_\_\_ day \_\_\_\_ year \_\_\_\_\_

**Section 4: Permission to Release Information**

Placeholder for parental consent for release of data from vaccination record.

**Section 5: Vaccination Record**

**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				