



Fair Haven Community Health Care

Locations

New Haven School Based Health Centers

Clinton Avenue School
Elisabeth Reilly, APRN
(475) 220-3318

Fair Haven School
Michele Sbrega, APRN
(475) 220-2643

John S. Martinez School
Jessica Thompson, APRN
(475) 220-2017

Wilbur Cross High School
Clarice Begemann, APRN
(475) 220-7444

East Haven School Based Health Centers

Joseph Melillo Middle School
Logan Stern, APRN
(203) 468-3226

East Haven High School
Mary Patricia Lamberti, APRN
(203) 467-2766

fhchc.org

Dear Parent/Guardian,

It is time for your child to receive the flu vaccine!

The American Academy of Pediatrics recommends all children get the flu vaccine. This year it is highly recommended that all children be vaccinated against the flu. Though the flu vaccine does **not prevent** COVID-19, there are many benefits from flu vaccination and preventing flu is always important. This year, during the COVID-19 pandemic it is even more important to do everything possible to reduce illnesses.

We will be providing the injectable (shot) flu vaccine to students registered at the School Health Center.

Parents of children in grades Pre-kindergarten through 3rd grade must accompany their child to the appointment.

Please do not hesitate to call your SBHC with any questions.

Sincerely,

Your School-based Health Center Team



INFLUENZA VACCINE CONSENT FORM

I give permission for my child to receive the **INJECTABLE (shot)** flu vaccine in the School Health Center.

I wish to be present at the time my child will receive the vaccine. (*a parent/guardian must be present for grades Pre-K through 3)

OR

I do not need to be present when my child receives the vaccine.

Please complete the questions below and return it to the school based health center.

Circle One

Does your child have a serious allergy to eggs?	YES	NO
Has your child had a reaction to the flu vaccine in the past?	YES	NO
Does your child have any other serious allergies? Please list:	YES	NO
Has your child had any vaccine in the past 4 weeks?	YES	NO
Has your child ever had Guillain-Barré syndrome?	YES	NO

Vaccine information statement for the flu shot can be found at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf> and for the nasal flu at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.pdf>. Printed copies are also available in the SBHC.

I have read or had explained to me the information in the vaccine information statement about influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to the person named below for whom I am authorized to make this request.

STUDENT NAME:	STUDENT DATE OF BIRTH:
Signature of person authorized to make this request (parent or guardian):	
X _____	DATE: _____
RELATIONSHIP TO STUDENT:	PHONE NUMBER: