September 2020

Dear Parent/Guardian,

According to the Centers for Disease Control and Prevention (CDC), it is likely that flu viruses and the virus that causes COVID-19 will both spread this fall and winter. Therefore, getting an influenza vaccine (flu shot) is more important than ever.

The Sullivan County Regional Health Department will offer influenza vaccinations to all students in Bristol Tennessee City Schools at each school location. If you would like for your child to be vaccinated, please complete, sign, and return the attached **Consent Form** to your child's school no later than **September 28, 2020**, so that the Health Department can appropriately plan.

The dates of the vaccination clinics are not known at this time. After Consent Forms are returned, the health department will order the appropriate number of vaccines, and the vaccination dates will be scheduled. Children under the age of nine or children receiving the vaccine for the first time should receive two (2) doses at least four (4) weeks apart. Parents would be required to contact the Sullivan County Health Department to schedule the second vaccine.

The Sullivan County Regional Health Department will not vaccinate your child unless you return a completed, signed **Consent Form**.

If you have any questions about the seasonal flu or flu vaccinations, we encourage you to call your doctor's office or the Sullivan County Regional Health Department at (423) 279-2777. Additional information is also available at the following websites:

https://www.sullivanhealth.org

https://www.cdc.gov/flu/index.htm

https://www.tn.gov/health.html

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Sincerely,

Annette Tudor, Ed.D.

Director of Schools



Sullivan County Regional Health Department Flu Vaccination Program for Schools 2020-2021

	NUMBERS WHERE PARI Cell:			Home:		
Vork:		Student Information	n			
ast:	First:			ate of Birth:	Sex	:: M or F
.ddress;	First:	City:			Zip:	
ocial Security #:		Race (Circle o	ne)			
Sullivan County Regio	nal Health Department	t II	Caucasia	an Hispa	nic Non-	Hispanic
423-279-2777			America	an Indian	Alaska Native	e Other
chool:		Homeroom Teacher	<u>:</u>		Grade:	
Please circle Yes	s or No to all of the	questions below to de	etermine i	f your child ca	n receive the In	activated
	shot"). The nurse giving	•				
	l a serious allergic react					No
gentamicin, gelatin, arg					162	INO
Has your child ever had a serious reaction to any component of any flu vaccine in the past?				Yes	No	
Has your child ever had Guillain-Barre syndrome?					Yes	No
Does your child have any allergies? If yes, please list:					Yes	No
Is your child under 9 years of age? (If your child is less than 9 years of age and has never been vaccinated against the flu or has no					Yes	No
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