



Dear Parents/Guardians:

January 21, 2020

The Family Health Centers of Georgia in collaboration with Student Health Services would like to help protect our students from the flu this season by partnering with Burnett Elementary School to offer flu vaccinations at your child's school tentatively on Friday, January 24, 2020. The flu is more than just a bad cold; the flu in adults and children can be serious, and generally the flu can cause students and staff to miss a significant number of days from school. The flu vaccine can reduce the number of days absent from school which can increase students' academic success. The Centers for Disease Control (CDC) and the Georgia Department of Public Health are recommending routine flu vaccines for all school-aged children (6 months to 18 years of age).

The vaccines for students will be at no cost to the student. However, The Family Health Centers of Georgia will bill the insurance companies for children who are covered under various health insurance plans.

This year, The Family Health Centers of Georgia will be offering the inactivated injectable influenza virus vaccine. It is the flu vaccination that is given as a shot.

Please understand that participation and receipt of the flu vaccine through this program is completely voluntary. Your child's healthcare provider can answer your questions regarding the influenza virus and is also able to give your child the seasonal influenza vaccine. For additional information, please visit the CDC's influenza web site at <http://www.cdc.gov/flu/>.

We would like to thank you in advance for assisting us in keeping all our students safe and healthy. If you have any questions, please do not hesitate to contact the School Based Health Center at Burnett Elementary at 770-651-2273 or your healthcare provider regarding the flu vaccine.

If you would like your child to receive the flu vaccine at school, please complete the bottom portion of this letter along with the questionnaire on the back and return to the school by Thursday, January 23, 2020.

Sincerely,

Timothy Jenkins, Principal

Emilea Mfortow, FNP-C School-Based Health Center

Student's Name: _____ Birthdate _____ Teacher: _____ Grade: _____

Yes, I the parent/guardian of _____ give consent for my child to receive the flu vaccine. I understand this consent form must be returned by Thursday, January 23, 2020 or my child will not receive the flu vaccine at school.

X _____
Signature of Parent or Guardian Date

PARENT/
GUARDIAN: _____ Home/Work Phone _____

ADDRESS _____ CITY _____ ZIP CODE _____

MEDICAID _____ MEDICAID ID# _____

INSURANCE _____ POLICY ID # _____
Name of Health Plan

Insurance Policyholder's Name _____ Birthdate _____