SIGN AND RETURN CONSENT IMMEDIATELY
HELP FIGHT THE FLU BEFORE IT MAKES AN APPEARANCE AT YOUR HOUSE

NEWPORT NEWS PUBLIC SCHOOLS & HEALTH HERO ANNUAL FLU CLINICS FOR STUDENTS

October 3-6, 2022
During School, With Signed Parental Consent
Flu shots available to all students, at no cost to you
Insurance billing done by Health Hero

August 29, 2022

Dear Families of All NNPS Students:

Newport News Public Schools is again collaborating with Health Hero to provide the Center for Disease Control (CDC) approved flu vaccine to all NNPS students. This year all flu vaccine will be given by injection. We are providing Quadrivalent Flu vaccine shots for all NNPS student, five years of age or older, with a signed parental consent and required, necessary insurance information.
See your medical provider if your child is not five as of October 1, 2022.

If health insurance coverage is available to your family, Health Hero files the claim. Make sure you answer the insurance questions on the consent form. There is no cost to you or insurance paperwork for you to complete. You are not required to be at school when the vaccine is given to your student. However, parents can attend the clinics if this will help your child cooperate when the shots are given. Please check the schedule (provided) to see the date and approximate time for your child's school. **We only require a completed, signed consent form.** Students who are 18 must sign their own forms, but if on their family's health insurance, parents need to complete the requested information.

Please help us fight flu at school by **completing the form**, signing on the back, and **returning immediately to school.** The vaccine information statement is available to read on the CDC website, https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf. If your child is sick the day of the vaccination, but well enough to be at school, the vaccine will be given unless you let the school nurse know you prefer it not be given. Your student will bring home proof of the vaccine for your records and it will also eventually be entered into the same Virginia Immunization Information System used by many local medical providers and the Health Department. Your school nurse will let you know if there are any problems or your child refuses the shot.

Please contact the school nurses about approximate times, if you have any other questions, or need any assistance. **Only return the form if you do want to take advantage of this cost saving program.**

Sincerely,

Nancy J. Carlson

Nancy J. Carlson, BSN, RN
Supervisor, Health Services

Consentimiento e información disponible en español – Por favor póngase en contacto con la Enfermera Escolar. Other Languages Also Available.

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NNPS Flu Vaccine Schedule
October 3-6, 2022

Health Hero and Health Services will be conducting Flu shot clinics according to the schedule below.
Site placement on the schedule is determined by starting time and location. Please understand there is no flexibility in this schedule.
Arrival times for the first schools are listed for each team for each day.
Arrival times for second and third schools, listed in column one, are an estimate and it is important that students be made available to us as soon as we set up and are ready. We plan on no more than two hours at each school, which depends on the number of students being vaccinated.

Date	Group 1		Group 2		Group 3	
	Estimated Arrival Time	Site	Estimated Arrival Time	Site	Estimated Arrival Time	Site
Oct. 3	8:30 a.m.	AADMH	8:30 a.m.	Crittenden	8:30 a.m.	Discovery Stem
	10:30 a.m.	Newsome Park	10:00 a.m.	Carver	10:30 a.m.	Washington
	TBD 1:00 p.m.	Marshall AADA	12:30 p.m.	Hilton	12:30 p.m.	Heritage / Huntington
	Estimated Arrival Time	Site	Estimated Arrival Time	Site	Estimated Arrival Time	Site
Oct. 4	7:30 a.m.	Warwick	7:30 a.m.	Menchville	7:30 a.m.	Passages
	10:30 a.m.	Riverside	10:30 a.m.	Jenkins	10:30 a.m.	Gildersleeve
	1:00 p.m.	Deer Park	12:30 p.m.	Charles	1:00 p.m.	Hidenwood
	Estimated Arrival Time	Site	Estimated Arrival Time	Site	Estimated Arrival Time	Site
Oct. 5	8:30 a.m.	Gen. Stanford	8:30 a.m.	Hines	8:30 a.m.	McIntosh
	11:00 a.m.	Greenwood	10:30 a.m.	Sedgefield	10:30 a.m.	Palmer
	1:30 p.m.	Richneck	12:30 p.m.	Saunders	12:30 p.m.	Kiln Creek
	Estimated Arrival Time	Site	Estimated Arrival Time	Site	Estimated Arrival Time	Site
Oct. 6	7:30 a.m.	Ella Fitzgerald	7:30 a.m.	Denbigh	7:30 a.m.	Woodside
	9:30 a.m.	Johnson	9:30 a.m.	Stoney Run	9:30 a.m.	Sanford
	11:30 a.m.	Dutrow	11:30 a.m.	Knollwood	11:30 a.m. TBD	Yates Enterprise/PO

Students who miss the flu clinic at their school may come to another school. The parent needs to bring them and should understand times are very flexible. Please call and arrange with the school nurse at the other school.

FLU SHOT PARENTAL CONSENT FORM

HEALTH HERO — You Keep Them Smart / We Keep Them Healthy

2022

Please return completed form back to your school

Friday Sept 16, 2022

*FLU Vaccination at school *NO out of pocket cost to you

For the health of all of our students, faculty, and your family, we encourage you to obtain a flu vaccination for your student through our voluntary clinic, your local healthcare provider or pediatrician. Please fill out this Parent Consent Form 100% and return it back to your school.

If you have questions please contact your school nurse, call us toll free at (844)700-HERO, or visit our website www.HealthHeroUSA.com

Student Info: If form is **incomplete** or **unreadable** this student will **NOT** be vaccinated. Print neatly in ink, **ALL CAPS - One leter per box.**

First Name																**Middle Initial**		
Last Name																		
Student Birth Date	M	M	/	D	D	/	Y	Y	Y	Y	AGE		Gender (M / F)		Grade			
School Name											Home Room Teacher							
Student Race Please Circle	American Indian / Alaskan Native	Black / African American	Asian	Native Hawaiian / Pacific Islander	White	Other	Student Ethnicity Please Circle	Hispanic or Latino	Not Hispanic or Latino									

Insurance information: IMPORTANT please read carefully.

Your student's clinic is voluntary. This service is offered at no cost to you. The current health care law requires us to bill insurance companies for the immumization. If proper information is not provided student will **NOT** be vaccinated.

ONLY fill out one of the following three insurance information sections

1 If student has **NO MEDICAL INSURANCE** coverage check this box. ☐

Do not check this box if student is covered under Medicaid.

It is considered fraud to check this box if student is covered under private insurance or Medicaid.

2 If student is enrolled with **MEDICAID** - Please fill out student's Medicaid information. **Circle student's Medicaid MCO provider.**

Anthem HealthKeepers Plus **Magellan** **Virginia Premier** **Aetna**

Molina Complete Care **UnitedHealthCare** ***Community Plan*** **Optima Health** ***Family Care***

Student's Medicaid Number												

** (Must provide student's 12 digit Medicaid # above.)

Student's MCO Insurance Identification #

*If this student is enrolled in the Medicaid FAMIS program and you pay a small copay when seeing a doctor please put an **X** in the FAMIS box. If you put an **X** in the box to the right, this student's Medicaid MCO FAMIS card must have this symbol on the front of the card. → FAMIS ☐ **FAMIS**

3 If student has **PRIVATE** medical insurance through a Parent or Guardian - Please fill out Parent/Guardian's information below.

Name of Insurance **(NOT Medicaid)**		Employer of Insured	
Insured **ADULT** Full Name		Insured **ADULT** Birth Date	M M / D D / Y Y
Member ID # or Policy #		Please also complete box **A** or **B** below if student has TriCare insurance. Box **A** is an 11 digit DBN Benefits # with the last 2 digits identifying this specific dependent. Box **B** is the sponsors SSN.	

A TriCare DBN Benefits # | | | | | | | | | - | |

B TriCare SSN | | | - | - | | | |

Turn Over & Fill Out Backside

REQUIRED Health Related Questions

Your student must be 5 years old or older to receive this flu vaccine at school from Health Hero.

1. Do any of the following apply to this student?

YES ☐ NO ☐

This student is allergic to chicken eggs and/or chicken products.
This student is allergic to latex.
This student has a history of Guillain-Barre Syndrome.
This student has a blood disorder such as hemophilia.
This student has had a serious reaction to the flu vaccine in the past.
This student is 4 years old or younger on October 1, 2022.

If you answered Yes above this student cannot get this vaccine at school. Please contact student's doctor to receive more information on the flu vaccine and PLEASE do not turn in this consent form.

Authorizing Parent or Guardian: If form is **incomplete** or **unreadable** this student will **not** be vaccinated. **Print Neatly ALL CAPS**

First Name		Last Name		Circle	Parent	Guardian
Street Address		City		Zip		
Parent / Guardian Phone #	- -	Email Address (for clinic info only)				

STUDENT NAME: (please print) _____ STUDENT BIRTHDATE: ____/____/____

I, the undersigned, as the parent/legal guardian of the student named above, having the legal authority to make medical decisions on their behalf, or if over 18 yrs old for myself, do hereby give my full consent for this student or myself to receive the vaccine. I have read the information about the vaccine & precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.immunize.org (Tdap) or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I acknowledge there are no guarantees on the vaccines' success. Additionally, I do hereby waive, release and hold harmless Newport News VA Public School system, Health Hero USA LLC & subsidiaries, their owners, directors, contractors and employees from any liability or potential cause of action with respect to any bodily, injury, disability, death, or loss or damage to person occurring as a result of participation in the vaccination program and the activities incidental thereto, whether the result of negligence or any other cause. Further, I understand Newport News VA Public School system, Health Hero USA LLC & subsidiaries, their owners, directors, contractors and employees shall not be liable in any way. I am solely responsible for any associated medical costs. I further certify that this student or myself have no medical or physical condition that could interfere with safely receiving the vaccine, or else I certify that I am willing to assume risks and bear the costs that may be created, directly or indirectly, by any such condition. I understand this consent is valid for six months and that I will update Health Hero USA at Corp@HealthHeroUSA.com of any health, insurance coverage or insured insurance information changes prior to the vaccination clinic date. Please do not contact the school or district office with any updates. I affirm that I will be responsible to reimburse Health Hero USA LLC for vaccination services, any collection and legal costs as a result of it's inability to bill named insurance company due to inaccurate patient or insurance information provided. I assign Health Hero USA LLC the rights to file claims for services rendered and to adjudicate /appeals with the name insured. Your Clinic date can be obtained from the school. Any controversy or claim arising out of this Agreement shall be settled by arbitration in Mecklenburg Co., North Carolina in accordance with then-governing rules of the American Arbitration Association. The arbitrator(s) shall be bound by the Agreement and shall interpret the Agreement in accordance with the applicable laws of the United States and the internal laws of the State of North Carolina. Any award, order, or judgment made pursuant to such arbitration shall be deemed final and shall be entered and enforced in any court of competent jurisdiction. I understand the health related information on this form may be governed by the regulations established under the Health Insurance Portability and Accountability Act of 1996. Confidential health information will be used and disclosed solely for insurance billing and reporting purposes. I certify that the information I provided is true and accurate. I have had sufficient opportunity to read this entire document, I have read and understood it, and I agree to be bound by its terms.

MUST SIGN & DATE

_____ Parent or Guardian Signature

_____ Date

For Administrative Use Only

DID YOU REMEMBER - COMMONLY MISSED ITEMS

1. **Insurance Company Name listed**
2. **Child's Insurance ID information**
   If Tricare - Child's 11 digit DBN # or Sponsor SSN
   If Medicaid - Medicaid # and MCO Ins. name & number (VA Premier only has one number for both)
3. **HEALTH QUESTIONNAIRE - YES OR NO box checked**
4. **Sign & Date form**

INCOMPLETE FORMS WILL BE RETURNED.

Vaccine Lot #

Vaccine Expiration Date:

Y B

_____ clinic date

right left

VIS CDC IIV 8/15/2019

Inactive Influenza Vaccine (IIV) 0.5ml

nurse_____