

Dear Parent or Guardian:

The Tooele County Health Department (TCHD) and Tooele County School District (TCSD) are partnering to help protect students, teachers and school staff against flu. TCHD nurses will be offering flu clinics at your child's school. A schedule of clinics is attached. Parents are welcome to attend with their child. Flu vaccines will be available for the students, parents, and siblings if they attend with their child. The vaccine will cover 3 strains of influenza. **The VIS (vaccine information sheets)** can be found at:

1. Flu Shot- <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>
2. Flu Mist- <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.pdf>

The screening questions on the attached consent will assist the nurse to determine which vaccine will be appropriate for your child. Parental preference will be taken into consideration, but it is ultimately the nurse's decision which vaccine to administer. For your child to qualify for this immunization opportunity, **please fill out the attached consent form** or go to <https://tooelehealth.org/school-flu-clinics/> and fill out the consent and print. Have your child bring the completed consent to school the day of the clinic.

No child will be vaccinated without a signed consent form.

TCHD will bill the following insurance companies if your child has coverage:

AARP	Aetna	First Health	Blue Cross- No Illinois/Texas
CHIP	Cigna	DMBA	EMI (Educators Mutual)
Health Choice	Healthy U	Humana	Mailhandlers
Medicaid	Medicare-not Part D	Molina	PEHP
Select Health	United Health Care		

**Depending on vaccine availability, insurance coverage and CDC guidelines, the nurse will determine which vaccine will be given to the student. Parental preference will be taken into consideration.*

Please remember to fill out the insurance information on the consent form entirely. If possible, send a copy of the insurance card with the consent form. **If the insurance plan does not pay for the billed vaccine, parents/guardians will be responsible for those charges.**

If your insurance is **NOT** listed above **OR** your insurance does not cover flu vaccine, please pay \$33. A receipt will be given to your child so you can apply for reimbursement from your insurance company. If your child **does not have insurance**, write "no insurance" and pay \$15, or whatever you can afford to pay.

You may pay for vaccines with any of the following methods:

- Pay with credit card by filling out payment section on consent form.
- Pay with cash or check by attaching it to the consent form. Make check payable to "TCHD".
- Pay by credit or debit card the day of clinic by bringing the card that day.

To review the **TCHD's Notice of Privacy Practices**, go to <http://tooelehealth.org/wp-content/uploads/2018/09/Notice-of-Privacy-Practices-English-and-Spanish.pdf> Hard copies will be available at the school clinics or TCHD.

If you have further questions about flu vaccines, you may call TCHD at 435-277-2311 or contact your medical provider.

Sincerely,

Tooele County Health Department