



Exhibit "A"

2016-2017 Seasonal Flu Vaccine Consent Form

Please complete the entire form and sign! Incomplete forms will not be accepted

Full, Legal Name of Student (First Name Middle Initial, Last Name) PLEASE PRINT		Name of School	
Parent/Guardian Name (First Name Middle Initial, Last Name)	Relationship to Student	Homeroom Teacher / Grade	
Address	Email Address	Birth Date (month / date / year)	Age Sex
City	Zip Code	Home Phone #	Cell Phone #

Demographic Information: (Circle one) White American Indian/ Native Alaskan Black Asian Hispanic Other

Insurance: Medicaid/CHIP Please write Medicaid/ Insurance Below Please fill out the following questions concerning your child's insurance

Insurance Company: _____ Member ID: _____

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential! MY CHILD DOES NOT HAVE HEALTH INS

QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

Yes No 1.) Is your child 4 years or older?

Yes No 2.) Do any of the following apply to your child? If yes, your child cannot receive the Flu Vaccine (IV) at School. Please consult your child's doctor

- Allergy to eggs
- Life threatening reaction to this vaccine in the past
- Has had Guillain-Barre syndrome (very rare)

Yes No 3.) Do any of the below apply to your child?

Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN
OR CALL HEALTHY SCHOOLS AT 1800-586-0586 TO SPEAK TO A NURSE

I have received, read, and understand the CDC Vaccine Information Statement for the IIV Flu Shot. I have read these documents and understand the risk and benefits of the Flu vaccine. I have reviewed the Notice of Privacy Practices of Healthy Schools, LLC or will review the Notice on the day the vaccination is administered. I give permission to Healthy Schools, E3 Alliance, and Schoolhouse Pediatrics and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Healthy Schools, E3 Alliance and Schoolhouse Pediatrics from any and all liability associated with the administration and potential side effects of the vaccine.

YES, I Want To Help Protect My Family And Community From Flu By Allowing My Child To Receive a Flu Vaccine!

NO, I DO NOT wish to help protect my child and community by allowing my child to participate(reason) _____

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date Signed/ Date VIS Provided _____

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION
Healthy Schools LLC, 818 Highway A1A North, Ponte Vedra Beach Florida

VIS CDC LAIV: _____ IIV Flu Vaccine 0.5ML IIV (Sequris/Sanofi)	VIS CDC LAIV: _____ IIV Flu Vaccine 0.5ML IIV (Sequris/ Sanofi)
LOT Number: _____ EXP Date: _____	LOT Number: _____ EXP Date: _____
School Name _____	School Name _____
RN Name/Title _____ Date: _____	RN Name/Title _____ Date: _____

Exhibit "B"

Forms Due By: 9/07/16



Every year, thousands of children miss valuable school days because of the influenza virus. Offering flu vaccinations in a school setting has proven to be effective in preventing illness and reducing absenteeism. Please help us stop the spread of the flu in your school and homes by allowing your student to be properly vaccinated against the flu and help "KICK THE FLU" in Central TX this coming year.

Healthy Schools, in cooperation with Schoolhouse Pediatrics, E3 Alliance, and Austin ISD is excited to kick off the "Kick the Flu" program in Austin ISD this school year.

My company, Healthy Schools, will be providing flu vaccinations at your student's school on September 14th-22nd, 2016! The process is very simple. All you have to do is fill out and sign the consent form that was sent home with your child along with this letter. **THIS FORM MUST BE RETURNED TO YOUR CHILD'S SCHOOL REGARDLESS OF PARTICIPATION.** You can also access a consent form and our Notice of Privacy Practices on our website www.healthyschoolsllc.com. A copy of this Notice will be included in the materials given to your student at the time of the administration of the vaccine

As we move into the 2016-2017 Flu Season there are changes to the flu vaccine that will be implemented. For this coming Flu Season the only available vaccine to fight against the flu will be a vaccine done by injection as recommended by the CDC and ACIP. **The Flu Vaccine (Shot) is 100% Preservative and Antibiotic Free!** Healthy Schools' trained and skilled staff of licensed nurses will be providing this pediatrician recommended flu vaccine at your child's school this coming fall. We at Healthy Schools are excited to provide your students with another Healthy Flu Season- With your continued support we can "Teach Flu A Lesson"!

Once you have completed and signed the consent form, please have your student return it to his/her teacher. Once your student is vaccinated, he/she will receive written notice to bring home for your records. Healthy Schools also enters all vaccination information into the statewide database ImmTrac. There is **NO** out-of-pocket expense for you, and your student and entire family will be better protected against the flu this flu season!

If you have any questions you can reach Healthy Schools at 1-800-566-0596.

Thanks, *Team Healthy Schools*



2016-2017 Seasonal Flu Vaccine Consent Form

Please complete the entire form and sign! Incomplete forms will not be accepted

Full, Legal Name of Student (First Name Middle Initial, Last Name) PLEASE PRINT		Name of School	
Parent/Guardian Name (First Name Middle Initial, Last Name)		Relationship to Student	Homeroom Teacher / Grade
Address		Email Address	Birth Date (month / date / year) Age Sex
City		Zip Code	Home Phone # Cell Phone #
Demographic Information: (Circle one) White American Indian/ Native Alaskan Black Asian Hispanic Other			
Insurance: <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Please write Medicaid/ Insurance Below		Please fill out the following questions concerning your child's insurance	
Insurance Company:		Member ID:	
Policy Holder's Name:		Policy Holder's Date of Birth:	
The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential!			<input type="checkbox"/> MY CHILD DOES NOT HAVE HEALTH INS

QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1.) <u>Is your child 4 years or older?</u>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2.) <u>Do any of the following apply to your child? If yes, your child cannot receive the Flu Vaccine (IV) at School. Please consult your child's doctor</u> <ul style="list-style-type: none"> • Allergy to eggs • Life threatening reaction to this vaccine in the past • Has had Guillain-Barre syndrome (very rare)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3.) <u>Do any of the below apply to your child?</u> Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)
<p>IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL HEALTHY SCHOOLS AT 1800-565-0596 TO SPEAK TO A NURSE.</p>		

I have received, read, and understand the CDC Vaccine Information Statement for the IIV Flu Shot. I have read these documents and understand the risk and benefits of the Flu vaccine. I have reviewed the Notice of Privacy Practices of Healthy Schools, LLC or will review the Notice on the day the vaccination is administered. I give permission to Healthy Schools, E3 Alliance, and Schoolhouse Pediatrics and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Healthy Schools, E3 Alliance and Schoolhouse Pediatrics from any and all liability associated with the administration and potential side effects of the vaccine.

YES, I Want To Help Protect My Family And Community From Flu By Allowing My Child To Receive a Flu Vaccine!

NO, I DO NOT wish to help protect my child and community by allowing my child to participate(reason) _____

Printed Name of Parent/Guardian _____		Signature of Parent/Guardian _____		Date Signed/ Date VIS Provided _____	
AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION Healthy Schools LLC, 816 Highway A1A North, Poole Vackers Beach Florida					
VIS CDC LAV: _____	IIV Flu Vaccine 0.5ML IIV (Sequris/Sanofi)	VIS CDC LAV: _____	IIV Flu Vaccine 0.5ML IIV (Sequris/ Sanofi)		
LOT Number: _____	EXP Date: _____	LOT Number: _____	EXP Date: _____		
School Name _____		School Name _____			
RN Name/Title _____		Date: _____		RN Name/Title _____	
		Date: _____			

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Flu (flu) vaccine information statements are available in Spanish and Chinese. Visit www.cdc.gov/vaccines/imz/downloads for more information. For more information, visit www.cdc.gov/vaccines/imz/downloads.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually, between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year, thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccines can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 6 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in the shot. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

- Flu vaccine cannot prevent:
 - flu that is caused by a virus not covered by the vaccine, or
 - illnesses that look like flu but are not.
- It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, you may be advised not to get vaccinated. Meat, but not all types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- If you are not feeling well. It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible. Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
 - sore, red or itchy eyes
 - cough
 - fever
 - aches
 - headache
 - itching
 - fatigue
- If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by the vaccine.

- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.
- Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccinations. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
 - Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
 - Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.
 - As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.
- The safety of vaccines is always being monitored. For more information, visit www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency, that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-833-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2383 or visiting the VICP website at www.hhs.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Center for Disease Control and Prevention (CDC):
 - Call 1-800-332-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Exhibit "C"

Forms Due By: 9/07/16



Millions of children miss valuable school days because of the influenza virus. Offering flu vaccinations at school has proven to be effective in preventing illness and reducing absenteeism. Help us stop the spread of the flu at your school and homes by allowing your child to be vaccinated against the flu and help "KICK THE FLU" in Central TX this coming year.

Healthy Schools, in cooperation with Schoolhouse Pediatrics, E3 Alliance, and Austin ISD is excited to kick off the "Kick the Flu" program in Austin ISD this school year.

My company, Healthy Schools, will be providing flu vaccinations at your student's school on September 14th - 22nd, 2016. The process is very simple. All you have to do is fill out and sign the consent form that was sent home with your child along with this letter. You can also access a consent form and our Notice of Privacy Practices on our website www.healthyschoolsllc.com. A copy of the Notice will be included in the materials given for your student at the time of the administration of the vaccine.

As we enter into the 2016-2017 Flu Season there are changes to the flu vaccine that will be administered during this coming Flu Season. The only available vaccine is split against the flu virus vaccine made by Inflavax as recommended by the CDC and ACP. The Flu Vaccine (Shingrix, 2016, Praxelabs and Amgen Inc). Healthy Schools' trained and skilled staff of licensed nurses will be providing this veterinarian recommended flu vaccine at your child's school this coming fall. Healthy Schools are excited to provide your students with another Healthy Flu Season. With your confidence and support we can "Teach Flu A Lesson"!.

Once you have completed and signed the consent form please have your student return it to his/her teacher. Once your student is vaccinated, he/she will receive written notice being home for your records. Healthy Schools also enters all vaccination information into the state's immunization database. This information is used to monitor vaccine coverage and your student's immunization status. Healthy Schools will be providing this information to your child's school.

Thank you for your support of Healthy Schools and Austin ISD.

Thank you,
Healthy Schools



Exhibit "D"

2016-2017 Seasonal Flu Vaccine Consent Form

Please complete the entire form and sign! Incomplete forms will not be accepted

Full, Legal Name of Student (First Name Middle Initial, Last Name) PLEASE PRINT		Name of School		
Parent/Guardian Name (First Name Middle Initial, Last Name)		Relationship to Student		Homeroom Teacher / Grade
Address		Email Address		Birth Date (month / date / year) Age Sex
City		Zip Code		Home Phone # Cell Phone #

Demographic Information: (Circle one) White American Indian/ Native Alaskan Black Asian Hispanic Other

Insurance Medicaid/CHIP Please write Medicaid/ Insurance Below Please fill out the following questions concerning your child's insurance

Insurance Company: Member ID:

Policy Holder's Name: Policy Holder's Date of Birth:

The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential! MY CHILD DOES NOT HAVE HEALTH INS

QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1.) <u>Is your child 4 years or older?</u>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2.) <u>Do any of the following apply to your child? If yes, your child cannot receive the Flu Vaccine (IIV) at School. Please consult your child's doctor</u> <ul style="list-style-type: none"> • Allergy to eggs • Life threatening reaction to this vaccine in the past • Has had Guillain-Barre syndrome (very rare)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3.) <u>Do any of the below apply to your child?</u> Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN
OR CALL HEALTHY SCHOOLS AT 1800-560-0596 TO SPEAK TO A NURSE.

I have received, read, and understand the CDC Vaccine Information Statement for the IIV Flu Shot. I have read these documents and understand the risk and benefits of the Flu vaccine. I have reviewed the Notice of Privacy Practices of Healthy Schools, LLC or will review the Notice on the day the vaccination is administered. I give permission to Healthy Schools, E3 Alliance, and Schoolhouse Pediatrics and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Healthy Schools, E3 Alliance and Schoolhouse Pediatrics from any and all liability associated with the administration and potential side effects of the vaccine.

YES, I Want To Help Protect My Family And Community From Flu By Allowing My Child To Receive a Flu Vaccine!

NO, I DO NOT wish to participate

Printed Name of Parent/Guardian Signature of Parent/Guardian Date Signed/ Date VIS Provided

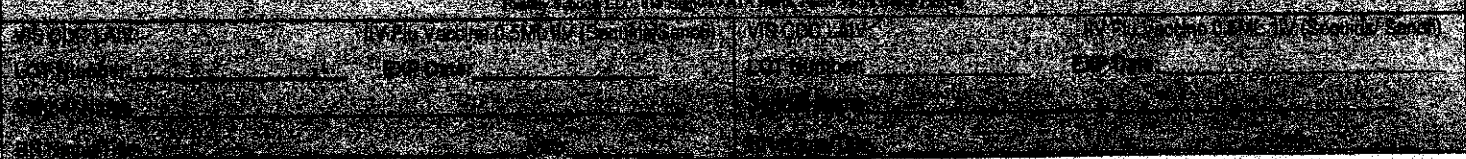


Exhibit "E"

This Exhibit contains three email communications, two from school districts to parents, and one from a parent to Texans for Vaccine Choice.

1) **Email from Leander ISD to Parents on August 23, 2016** (emphasis added)

From: Leander ISD Insider <noreply@leanderisd.org>
Date: August 23, 2016 at 4:45:20 PM CDT
To: [REDACTED]
Subject: Flu Vaccination Consent Form - Clarification
Reply-To: Leander ISD Insider <noreply@leanderisd.org>
Good Afternoon Parents,

You may have received a Flu Vaccination Consent form from your school on August 22, 2016. LISD, along with other Central Texas school districts, is partnering with E3 Alliance and Healthy Schools Texas, PLLC, to offer flu vaccinations for our students. The form included wording in the "opt out" section that does not align with our normal stakeholder communication. We apologize for this wording and will revise the form prior to distributing it to other campuses. We sincerely regret any concern this may have caused. If you have any questions, please contact your campus principal or the LISD Risk Management Office at [512-570-0140](tel:512-570-0140).

2) **Email from Georgetown ISD to Parents on August 26, 2016** (emphasis added)

Dear Parents,
Georgetown ISD, along with a number of other school districts in central Texas, has partnered with E3 Alliance and Healthy Schools to promote the "Kick the Flu" program that encourages flu vaccinations. This week, you may have received information and a consent form about free flu vaccines at your child's school in conjunction with this program. In the consent form that was provided to us, there is a section that asks whether you would like your child to receive a flu shot or not, and the way it is worded is concerning to us.

We would like to apologize for not reviewing the language that was used in the "opt-out" section of the form more closely. While we support the "Kick the Flu" program, we were disappointed with their choice of language on the consent form. We will be more careful in the future in reviewing these materials and revise the form for any future distribution.

If you do not wish to participate in the program this year, you may simply discard the form. You are not required to return it to the school.

Sincerely,
Suzanne Marchman

3) **Email from a Parent to Texans for Vaccine Choice** (emphasis added)

We got one this week in Fort Bend ISD. I wanted to consider my response for a day or two and guess what; Every other kid in class got a "gold medal" for returning the form and my daughter was sad to be singled out for not returning her form. She came home mad at me. That made me more ticked off about this outrageous, condescending letter. Thanks for being a voice of reason.

I also wanted to add one more point/question to your post. My question is, what exactly is the penalty or not returning the form? Is it required, then what happens if I don't return it? Walking laps? Paying fines? CPS? I don't know, but would love to find out.

[REDACTED]