

From the Assistant Principal's Desk...

Important Dates to Remember:

- **September 4:** Labor Day (No School for Students and Staff)
- **September 7:** Game Night
- **September 11:** Flu Vaccines- no charge for students with consent form
- **September 13:** One hour Late Start for Students school start time 8:30 AM
- **September 14:** Skating Party 6–8 PM
- **September 20:** School Board Meeting 7:00 PM Warren Community Center
- **September 26:** JA Job Spark
- **September 26:** Choir concert 6-7 PM
- **September 26:** Orchestra Concert 7-8PM
- **September 27:** CORE Fall Celebration Activity/Dance
- **September 29:** Warren Community Fest
- **October 3:** PreK-8 Parent Teacher Conferences (No school for PreK-8 students)
- **October 4:** Student picture re-takes
- **October 9:** Start of Intersession Break
- **October 20:** End of Intersession Break
- **October 23:** School Reconvenes (Second Session Begins)

Bus Safety, Bus Safety, Bus Safety!!!
 It's everybody's business.

Parents please partner with us in helping to keep your students as safe as possible on the bus ride to and from school. Please have conversations with your students to reinforce the importance of staying in assigned seat, keeping the noise level to a minimum, and following all rules. Any time a driver has to take their eyes off the road, it puts everyone at risk. Please help us do all that we can to keep all kids safe.

By now your student has been back to school for 4 weeks and we hope that they are settling into a routine that will set them up for success for the school year. The time to get kids in the groove is now. To help with the transition from summer habits to school routines, try slowly adjusting your child's bedtime back into school mode. Kids between the ages of 6 and 13 need 9 to 11 hours of sleep each night. To help with this, start a "Gadgets off" rule an hour before bed time. The earlier they get up, the more time they will have to get in the zone for school and they will be more willing to go to bed on time in the evening. Make mornings a breeze. Figure out how much time it takes for a task (getting dressed, doing hair, brushing teeth, ect.) add them up and tack on 10 extra "just in case" minutes. That will determine what time to get your child moving each morning. Remind them to set several alarms to cue them of specific task in the mornings and keep them on track and out the door in time for the school bus.

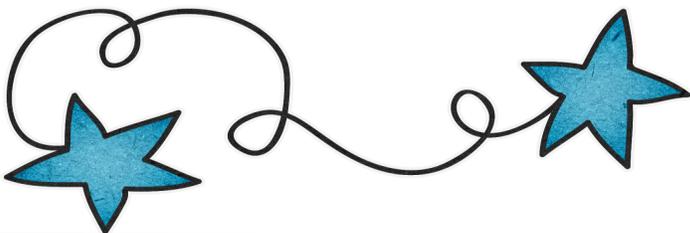
Counselor's Corner

September 2017

Mrs. Hankley, 532-8900 EXT. 8910

thankley@warren.k12.in.us

"How do I pay for my student to attend college?" You may ask. Well, Indiana's 21st Century Scholar Program offers income-eligible students up to 4 years of paid tuition at an eligible Indiana college or university upon graduation from high school. In order to take advantage of this great program, an application must be completed by June 30th of your student's 8th grade year. You can apply online at Scholars.In.gov or complete an application and return it to Mrs. Hankley at RPMS. Please feel free to contact Mrs. Hankley with any questions. Applications and more information can be found on the Warren webpage or at www.in.gov/ssaci/2380.htm.



Herbicide/Pesticide Notification Registry

The Indiana Pesticide Review Board has regulations that impact how school corporations may use pesticides on school grounds. MSD Warren Township follows these guidelines and we are inviting parents and guardians to join our Pesticide Notification Registry. By signing up for this registry, you will be notified, via email, at least 48 hours prior to a pesticide application at your child's school, subject to certain exceptions. You will be invited to sign up for this notification each school year.

[Board Policy 8432-Pest Control](#)

Copies of the Material Safety Data Sheets are available upon request. If you have any questions please contact Porter Services 317-532-2818.

Important Information

The school day is from
7:30 a.m. until 2:50 p.m.

Students are tardy if they are not in the classroom by the 7:30 a.m. bell.

(Students that are car-riders should arrive between 7:15— 7:20 a.m.)

Please call our main line at **532-8900** prior to 8:00 a.m. to report a student absent or for an early release.

Healthy Eating at RPMS

Breakfast—FREE

Lunch—Sono \$3.55,

So Deli, On the Go & Wild Greens \$3. 10,

2Mato \$2.85, Parfait \$2.70

American Classics & Grilled \$2.30.

Reduced .40¢

Please visit our web-site for the menu;

<http://warren.nutrislice.com/menu/raymond-park/lunch/>

WANTED: YOU

At Our Book Fair Event

9/28/17-10/6/17

10:00-1:30

LGI Room

Special sale during PTS
Conference Day

 SCHOLASTIC

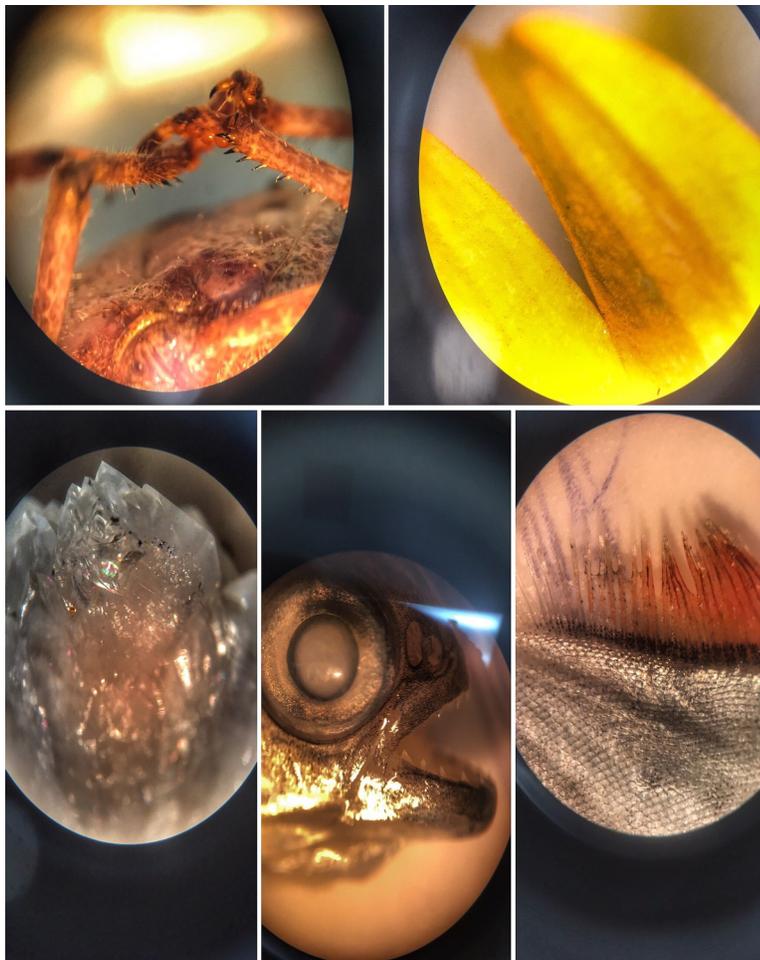
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Seventh grade science students are jumping right in to mastering the use of laboratory equipment. With a new curriculum focused on problem-based learning, students are receiving more opportunities to practice hands-on activities and practical applications of scientific facts and skills. Last week students explored a world that is usually invisible by using microscopes to examine samples they brought in. From feathers and flowers to minerals and insects, students were thrilled to discover characteristics of everyday objects that were hitherto unknown.

Science Olympiad Call out -

September 5th

Science Olympiad: Team members compete in science/engineering related activities including reptiles and amphibians, mystery architecture, bridge building, and anatomy. Students travel to 3 out of state competitions, and compete on the regional and state level. Team members are expected to attend practices and competitions, have a positive attitude, and be in good academic and behavioral standing.



Warren Township Foodservice Department

If your child is participating in the Free or Reduced Lunch/ Textbook Program and you have not received a new approval letter for the 2017/2018 school year, you must reapply before 9/11/2017. Don't forget that you must reapply for meal and textbook rental assistance every school year, forms are available in the main office. For additional questions or concerns please feel free to call the Food Service Department at 317-869-4381 or



Aasha Watkins, 7th grade
Raymond Park Cross Country

It is an all new and improved *Homefest!*
In fact, we are changing the name to

Warren Community Fest!

Let's all get behind our Warren community and come together in a fun-filled event sure to entertain you. We are bringing back the best of Homefest (Fun Run, Bingo, Vendors, Food) and much more!

Warren Community Fest

will be held on September 29, 2017 at Warren Central High School. More information will follow, but mark your calendars now!



Raymond Park Middle School

Home of the Rangers

September 1, 2017

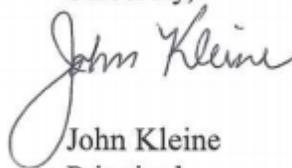
Ranger Parents,

I am pleased to report that the 2017-2018 school year is off to a good start. Teachers are teaching, students are learning, and teachers are using data from the first round of the NWEA assessment to personalize instruction based on student need. The first reporting of your student's efforts should have been delivered by your student on Wednesday, August 30, in the form of Term 1 midterm reports. Parents are encouraged to make direct contact with their child's teachers with questions connected to midterm reports. NWEA and ISTEP+ questions should be directed to Counselor Tina Hankley. Parents are further encouraged to monitor their student's academic progress online through the Parent Portal.

The September edition of the Ranger Report comes at a time when Raymond Park Middle School is enjoying the fruits of a routine that has been quickly established during the opening weeks of school. Every day begins with a CORE focus (Civility, Order, Respect, Excellence) for the school, then academic achievement is at the forefront of everything we do - students are engaged in the rigor of learning concepts provided by Indiana College and Career Readiness Standards. RPMS continues to focus on providing students personalized learning opportunities based on identified need. This involves teachers regularly meeting with small groups of students while the rest of the class is working either independently or collaboratively on supporting curricula.

I ask that you mark your calendars to attend student-led conferences on October 3. This will be an opportunity to sit down with your student and a teacher to discuss term 1 grade reports, NWEA assessment results and citizenship through the first quarter of the school year. Students will be bringing reservation sheets home during the middle of September with conference scheduling information.

Until conference time allows for the opportunity to discuss, please don't hesitate to contact the school with questions or concerns about your student's performance!

Sincerely,

John Kleine
Principal

Raymond Park Middle School
8575 East Raymond Street
Indianapolis, Indiana 46239-9426
(317) 532-8900 Fax: (317)-532-8999
<http://raymondpark.warren.k12.in.us/>

CONGRATULATIONS TO THE FOLLOWING STUDENTS FOR SHOWING CIVILITY, ORDER,
RESPECT AND EXCELLENCE IN THEIR PHYSICAL EDUCATION CLASSES!!!!
THESE STUDENTS ARE THE FIRST ROUND OF CORE ALL-STARS FOR THE 2017-2018 SCHOOL
YEAR!!!!!!!

KEEP UP THE GREAT WORK AND LEADERSHIP!!!!!!

MRS. SIMALA!!!! MR. WARD!!! MR. BRAGG!!!!

MELANIE MUNOZ

Devin Rager

Trinity Bean

SAM HIGGINS

David Taylor

Sam Gutzwiller

RAYMOND LI

Lajaven Henderson

Lee Alexander

RONALD OATTS

Demarius Bullock

Bryce Chaszar

JAYDEN FOX

VIVIAN MA

Aasha Watkins

Tasia Nall

Shyanne

Thompson

SHAMARI CARSWELL

TAVIARIA JACKSON

LYDIA LECLAIRE

ALEX LOGSDON

JERMAINE COLEMAN

WILSON CONGDON

Raymond Park Middle School wishes all our Rangers and Ranger families a safe and enjoyable three-day Labor Day weekend!

You're Invited to a Reading Event!

Raymond Park Middle School

is hosting a Scholastic Book Fair from

September 28-October 6, 2017

and we would love for you to join us.

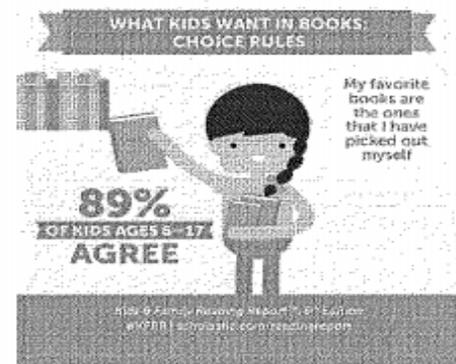
Children who choose their own books are more likely to read, and the Book Fair is the perfect opportunity to introduce them to books they will love. Ensure your child's reading success by:

1. Visiting the Book Fair as a family.
2. Discussing books that interest your child.
3. Allowing your child to choose books and build your home library.

Visit scholastic.com/fair for details, and thank you for supporting our readers!

Sincerely, **Dr. John Kleine**

Principal



News from Nurse Stewart:

Missing Emergency forms- If you did not attend registration this year in July please have your student come to the nurse's office or front office to pick up a new *Consent to Be Treated and Emergency Medical Form* to be completed for the 2017/ 2018 school year. Also, if your student has updated immunizations, please turn those in to the clinic as soon as possible.

Meningococcal Disease - Indiana State Law IC 20-30-5-18 requires that school systems provide important information to parents and guardians of students about meningococcal disease and the vaccines available to prevent this serious illness at the beginning of each school year. Meningococcal disease is caused by the bacterium *Neisseria meningitidis* and generally affects children and young adults in two ways:

- *Meningitis (an inflammation of the tissues covering the brain and or spinal cord)
- *Bloodstream infection (that usually leads to bleeding under the skin)

Symptoms of meningococcal disease can include a sudden onset of fever, headache, stiff neck, nausea, and confusion and in bloodstream infections as rash will develop. This disease progresses rapidly and often results in permanent hearing loss, mental retardation, limb amputations and even death. The bacteria spread through air droplets or by means of direct contact with an infected person's saliva.

The United States Centers for Disease Control and Prevention (CDC) recommends routine vaccination with the meningococcal conjugate vaccine (Menactra) for all students 11-12 years of age, or 13-18 years of age if not previously vaccinated. Children ages 2-10 who have a disorder of the immune system or whose spleen has been removed should also receive the Menactra vaccine as they are at higher risk for contracting this disease. Many local health departments and private healthcare providers offer this vaccine. Please talk with your child's healthcare provider about meningococcal vaccine and immunization.

Pertussis – also called whooping cough, is a contagious disease caused by *Bordetella pertussis* bacteria. It may cause severe coughing fits that can interfere with breathing. The incubation period is from 6-20 days, but almost always within 10 days. If you have any concerns, contact your doctor or the Marion County Health Department at 317-221-2000.

The symptoms of pertussis occur in three stages:

1. During the first stage, symptoms are similar to a cold: slight fever, sneezing, runny nose, dry cough, loss of appetite, and irritability.
2. During the second stage (about 1-2 weeks later), the cough becomes more intense. There may be short, intense coughing spells followed by a long gasp for air (this is when the "whoop" is heard). The coughing fits may be followed by vomiting, nose bleeds, or bluish color to the face.
3. During the third stage, the cough is less intense and less frequent, and appetite begins to increase. Eventually the cough stops, although this may take several months.

Pertussis is spread by contact with nose or throat secretions from an infected person. This can happen when an infected person coughs or sneezes. Without treatment, an infected person can spread the disease for up to three weeks from the time the cough begins. However, after five days of treatment with the appropriate antibiotic, an infected person cannot spread pertussis.

Children should be up-to date on vaccinations, especially the diphtheria, tetanus, pertussis (DTaP) series. Adolescents and adults (ages 10 through 64) should also receive one dose of Tdap (tetanus, diphtheria, pertussis) vaccine to provide further protection against pertussis. It is particularly important that anyone having contact with an infant be fully vaccinated with the appropriate pertussis vaccine for their age. *See your health care provider to determine if you need immunization against pertussis.

Sonny Day Community Center 10502 East 21st Street, Indianapolis, IN 46229

The Warren Township Council of PTAs runs the Sonny Day Community Center out of the Highlander Park (old Heather Hills) building located at **10502 E. 21st Street**. Our pantry provides food, toiletries, cleaning products, school supplies and gently used clothing to families of Warren Township students. We are open one Saturday morning and one Thursday evening per month. **If your family is in need of assistance, contact the administrators or counselors in your school building for more information and a referral letter.**

Volunteers and donations are always needed! Students age 10 and up are also welcome to volunteer with their parents. We'd love to have your Girl Scouts, Boy Scouts, student council, clubs or teams sign up to help us out as well! Contact Carissa Dollar at dollarPTA@gmail.com to donate. Contact Rachel Burke at osadczyk@yahoo.com to volunteer.

Check out our Facebook page at - www.facebook.com/SonnyDayCommunityCenter

Fall 2017 Distribution Schedule

Saturday, August 12 - 9:00 to 11:00 a.m.

Thursday, August 24 - 6:00 to 7:30 p.m.

Saturday, September 9 - 9:00 to 11:00 a.m.

Thursday, September 21 - 6:00 to 7:30 p.m.

Saturday, October 14 - 9:00 to 11:00 a.m.

Thursday, October 26 - 6:00 to 7:30 p.m.

Saturday, November 18 - 9:00 to 11:00 a.m.

PLEASE NOTE: Our last check-in time will be 15 minutes before the end time of the distribution.

Parent Organizations

RPMS PTSA

The Parent/Teacher/Student Association (PTSA) exists as a means of providing programs and services necessary to meet the needs and interests of students at Raymond Park Middle School. The PTSA truly represents the various facets of the school community. When the PTSA gets involved students benefit; when YOU get involved in PTSA, the student who benefits the most is your own. Parent, staff, and student membership is vital to the PTSA existence. The Association depends on EVERYONE'S membership so that many school needs can be met. Please join the PTSA. **Membership is only \$7.00**; however, if everyone joins, \$7.00 quickly becomes so much more!

Here are some of the activities your PTSA sponsors (or co-sponsors) for the students and teachers at Raymond Park Middle School:

- Membership Incentives
- Student Dances
- Open Gym Nights
- CORE Bash Celebrations
- Warren Community Fest
- Warren Wellness Extravaganza
- School Supplies and Uniforms
- Teacher & Staff Appreciation Days



Here are some of our fundraising activities:

- Membership Drives
- Fall Fundraising Sale
- Box Tops for Education
- Open Gym Nights
- Roller Skating Parties
- Warren Community Fest

You can always sign up to join our PTSA any time during the year. For more information, please contact us at rpmsptsa@gmail.com. If you provide us with your email address, we will send you emails about upcoming events and important notifications that we receive from the school, Indiana State PTA, and more!

Mark Your Calendar!



Raymond Park PTSA - Box Tops Contest Week Starts September 18th!

The week of September 18th marks the start of our Box Top Contest Week for this school year! Start sending in all your labels ASAP to your student's first period teacher or place in our RPMS PTSA mailbox located in the front office. Use the back of this flyer to GLUE or TAPE your 10 cent value box tops labels on. Please do not glue or tape larger box top label money amounts onto the back of this page. Anything over 10 cents must be sent in to school in a zip lock bag or envelope. Our coordinator must have these larger amounts separated from the 10 cent labels. If you send your labels into school in a bag or envelope, please make sure to write your student's name and grade on it. We want to make sure your child gets credit for raising funds for our school.

The top 2 students from both the 7th and 8th grade will win a \$5 gift card to Little Ceasers!



FUNDRAISING

Please spread the word to family & friends and start saving Box Top Labels throughout the year. Our next contest week will be in the Spring during the month of April.

Questions? Contact your RPMS PTSA at rpspts@gmail.com

When cutting out
the box top labels
make sure you
keep the date and
value of the label.
Do not cut this
part off!

9/1/17

Dear Parent or Guardian:

Warren Township Schools and Health Heroes, Inc. are offering **FREE** flu vaccines for children attending RAYMOND PARK MIDDLE SCHOOL. These vaccines will be given at a clinic set up inside the school on 9/11/17 at 8:00 AM.

If your child has not already been immunized against the flu for this 2017-2018 school year, we encourage you to have your child immunized at our upcoming clinic. Please know that these flu vaccines are no cost to Warren Township or your family – regardless of whether or not your student has health insurance coverage. Even if you have insurance coverage, your insurance company will not be billed and you will not be charged any deductible or co-pay.

Influenza is a very serious illness and in many parts of the U.S. last year it reached epidemic levels. The Centers for Disease Control and Prevention (CDC) recommend children six months of age and older be immunized against the flu. Some benefits of getting the vaccine are:

- Reduced flu illness
- Decreased doctor visits due to flu
- Decreased school absences due to flu-related illness
- Prevention of flu-related hospitalization

For most families, the barriers preventing their children from receiving a flu vaccine are time and money. Warren Township and Health Heroes are breaking down those barriers by bringing the clinic to your child and immunizing every medically eligible child whose parent or guardian consents to the vaccination.

Health Heroes understands schools and how to run efficient, non-intrusive clinics because 99 percent of their business is working with schools. Their aim is to safely immunize students while having little disruption to the learning environment. The vaccinations will be administered by state-licensed nurses and the program is under the supervision of an in-state, licensed practicing medical director, Amanda Draper, M.D. On the day of the clinic, your child will be escorted to the school's vaccination clinic area and back to class by a school staff member.

If you decide to have your child immunized against the flu at our upcoming clinic, complete and return the enclosed 2017-2018 Vaccine Consent Form. Please make sure you complete and sign the entire form. If the form is not filled out completely, Health Heroes will not vaccinate your child.

If you would like to learn more about Health Heroes, our partner in this school health initiative, visit www.HealthHeroUSA.com. If you're interested in learning more about the flu vaccine for children, visit the CDC, <http://www.cdc.gov/flu/pdf/freeresources/general/flu-vaccine-benefits.pdf>.

Sincerely,

Dr. John Kleine

Principal Raymond Park Middle School

EL HEROE DE LA SALUD

Queridos Padres y Guardianes,

Su niño(a) participó hoy en nuestra escuela “El Héroe de la Salud” localizada en la clínica de vacunas . En el reverse de este formulario está el Centro de Control de Enfermedades (CDC) y el Registro de Información de la Vacuna(s) que su niño(a) recibió hoy. A continuación encontrarán un detalle de las vacunas recibidas. Usted también puede encontrar información adicional en el sitio web www.cdc.gov. Por favor, mantenga este registro en un lugar seguro y compártalo con el doctor de su niño(a).

La escuela localizada en la clínica de vacunas es hoy posible gracias al liderazgo y apoyo de las escuelas de su localidad y aún más importante gracias a las enfermeras de las escuelas, que trabajan cada día para asegurarse que las necesidades de la salud de su niño(a) sean alcanzadas.

De parte del equipo “Héroe de la Salud”, les queremos agradecer el que nos hayan dado la oportunidad de proveer las vacunas a su niño(a). Esperamos que todos ustedes estén muy felices con este nuevo y conveniente acceso para el cuidado preventivo de la salud.

Muchas Gracias,

Dr. John Kleine
Principal, Raymond Park Middle School

El Equipo del Héroe de la Salud

VACCINE INFORMATION STATEMENT

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

Many Vaccine Information Statements are for more than one vaccine. This vaccine information statement is specific to the influenza (flu) vaccine only. Please read the entire vaccine information statement. This vaccine information statement is for informational purposes only. It is not intended to be used as a substitute for medical advice from your healthcare provider.

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:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- many 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 greater risk.

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

The vaccine can:

- keep you from getting flu,
- make the 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 the vaccine is recommended every flu season. Children 6 months through 8 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.



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
- hives
- soreness
- 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-Barre 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 vaccination. 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 remote 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 1-800-432-7967.

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 1-800-338-2382 or visiting the VICP website at www.hrsa.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 Centers 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





2017 Vaccine Consent Form

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink (Incomplete forms will not be accepted)

FIRST NAME of Student:										LAST NAME of Student:									
Gender: Male Female					Birthdate: (mo,day,yr)					Age					Homeroom Teacher / Grade				
Address										Home Phone # () -					Cell Phone # () -				
City					Zip Code					State					Student Race: (Circle one) African American / Black White Alaskan/ Native American Asian Hispanic Non-Hispanic Hawaiian / Pacific Islander Other :				
Email address:																			

The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your child's Health Insurance:

Medicaid <input type="checkbox"/>										My child does NOT have health insurance <input type="checkbox"/>										Insurance Company:									
Policy Holder's First Name:										Policy Holder's Last Name:																			
Contract ID#:										Policy Holder's Date of Birth: (mo,day,yr)																			

CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life threatening reaction(s) to the flu vaccine in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had Guillain-Barre' syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your child have an allergy to eggs?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child have a blood disorder such as hemophilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will this be the first time your child has ever received a flu vaccination?

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE.

I have read the information about the vaccine and special 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 or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release the school system, Health Hero of Indiana, Inc. & subsidiaries, affiliated schools of nursing, their directors and employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. Clinic dates can be obtained from the school. I understand that the health related information on this form will be used for insurance billing purposes and your privacy will be protected.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

VIS CDC IV 08/07/2015
 LOT Number:
 RN # _____
 AREA FOR OFFICIAL ADMINISTRATION USE ONLY

FLUCELVAX
 EXP Date:
 Date: _____

Health Hero of Indiana Inc.
 1411 W. Bella Dr.
 Marion, IN 46953
 334-473-9147



DECLARACION DE INFORMACIÓN DE VACUNA

Vacuna (inactiva o recombinante) contra la influenza (gripe): Lo que debe saber

¡Hay Vacuna! Información importante en español en español. Spanish and other languages. Visit www.imz.gov.
La información en español y en otros idiomas disponibles en español y en otros idiomas. Visit www.imz.gov.

1 ¿Por qué vacunarse?

La influenza (gripe o "flu") es una enfermedad contagiosa que se propaga por las Escheras Unidas cada año, aumentando entre octubre y mayo.

La influenza es causada por el virus de influenza, y la mayoría de las veces se propaga a través de tos, estornudos y contacto cercano.

Cualquier persona puede contraer la influenza. Los sistemas que viven en hogares, y pueden darse varios días. Los sistemas varían según la edad, pero pueden incluir:

- Fiebre o escalofríos
- Tos
- Dolor de garganta
- Dolor de cabeza
- Dolor muscular
- Congestión o secreción nasal
- Cansancio

La influenza también puede causar neumonía e infecciones en la nariz, y puede causar diarrea y vómitos en los niños. Si tiene una condición médica, como cardiopatía o una enfermedad en los pulmones, la influenza le puede afectar.

La influenza es más grave en algunas personas. Los niños pequeños, gente de 65 años de edad o mayores, mujeres embarazadas y gente con ciertas condiciones físicas o un sistema inmunológico debilitado corren mayor riesgo.

Cada año miles de personas en los Estados Unidos mueren a causa de la influenza, y muchas más son hospitalizadas.

La vacuna contra la influenza puede:

- prevenir que usted se enferme de la influenza,
- reducir la seriedad de la influenza si la contrae, y
- prevenir que contagie a sus familiares y otras personas con la influenza.

2 Vacunas contra la influenza inactivas y recombinantes

Se recomienda una dosis de la vacuna contra la influenza cada temporada de influenza. Algunas veces, entre los 6 meses a 8 años de edad, pueden necesitar dos dosis durante la misma temporada de influenza. Todas las dosis están necesarias una dosis en cada temporada de influenza.

Algunas vacunas antigripales inactivas contienen una muy pequeña cantidad de huevo, un preservativo que contiene mercurio. Los cuidados no han demostrado que el mercurio en las vacunas es dañino, pero hay vacunas antigripales disponibles que no contienen mercurio.

No hay riesgo virus vivo en las inyecciones contra la influenza. **No pueden causar la influenza.**

Hay muchas vías de influenza, y cambia constantemente. Cada año se formula una nueva vacuna antigripal para proteger contra 1 o 4 virus que serán los más probables causantes de enfermedad durante la próxima temporada de influenza. Pero incluso cuando la vacuna no previene estos virus, todavía puede proporcionar cierto nivel de protección.

La vacuna contra la influenza no puede prevenir:

- la influenza causada por un virus que no es protegido por la vacuna o
- enfermedades que son similares a la influenza pero no son la influenza.

Toma alrededor de 2 semanas desarrollar protección después de la vacunación, y dicha protección dura a lo largo de la temporada de la influenza.

3 Algunas personas no deben recibir esta vacuna

Dígale a la persona que lo vacine:

- Si tiene alguna alergia grave y potencialmente mortal. Si la vacuna usa proteínas alérgicas y potencialmente mortal después de una vacuna antigripal, o si es gravemente alérgico a cualquier componente de esta vacuna, se le puede aconsejar que no se vacine. La mayoría, pero no todos, las vacunas antigripales contienen una pequeña cantidad de proteína de huevo.
- Si ha tenido el Síndrome de Guillain-Barré (un trastorno conocido como GBS). Algunas personas con antecedentes de GBS no deben recibir esta vacuna. Debe consultar a su médico sobre este riesgo.

- Si no se siente bien.

Normalmente está bien el ser vacunado contra la influenza cuando está bien o enfermo, pero es posible que se le pueda recomendar cuando se sienta mejor.

4 Riesgos de reacción a la vacuna

Igual que cualquier medicamento, incluyendo las vacunas, hay riesgo de efectos secundarios. Normalmente son leves y se resuelven solos, pero también pueden ocurrir reacciones graves.

La mayoría de las personas que se vacunan contra la influenza no tienen ningún problema con la vacuna.

Problemas leves que pueden ocurrir después de la vacuna antigripal inactiva:

- Dolor, enrojecimiento o hinchazón donde recibió la inyección
- Dolor de cabeza
- Fiebre
- Dolor de cuerpo
- Dolor de cabeza
- Cansancio
- Cansancio

Si estos problemas ocurren, normalmente mejoran poco después de la vacunación y duran de 1 a 2 días.

Problemas más graves que pueden ocurrir después de la vacuna antigripal inactiva incluyen:

- Es posible que haya un riesgo un poco mayor de contraer el Síndrome de Guillain-Barré (GBS) después de recibir una vacuna antigripal inactiva. Se estima que este riesgo es de 1 a 2 casos adicionales por cada millón de personas que recibe la vacunación. Esto es mucho menor que el riesgo de padecer de complicaciones serias causadas por la influenza, lo cual puede ser potencial a través de la vacuna contra la influenza.
- Las raras personas que reciben la vacuna antigripal y la vacuna recombinante (PCV13) o la vacuna DTaP a la misma vez pueden ser ligeramente más propensas de sentir convulsiones causadas por fiebre. Pídale más información a su médico. Avísale a su médico si el niño que está vacunando ha tenido convulsiones.

Problemas que pueden ocurrir después de cualquier vacuna inactiva:

- Desmayos breves pueden ocurrir después de cualquier procedimiento médico, incluso la vacunación. Para evitar desmayos y heridas causadas por ellos, déjese o acostarse por alrededor de 15 minutos. Avísale a su médico si se siente mareado o si tiene cambios en su visión o zumbido en los oídos.
- Algunas personas padecen de un dolor agudo y un grado de hinchazón reducida en el hombro del brazo donde se recibió la inyección. Esto ocurre muy raramente. Cualquier medicamento puede causar una reacción alérgica grave. Tíalos reacciones a una vacuna ocurren muy raramente, estimadas en menos de 1 en un millón de dosis, y normalmente pasa en unas pocas semanas a varios meses después de la vacunación.

Como con cualquier medicamento, hay la posibilidad remota que la vacuna cause algún grave o la muerte.

Siempre se supervisa la seguridad de las vacunas. Para más información, visite www.doh.gov/vaccineinfo/

5 ¿Y si ocurren reacciones graves?

¿En qué me debo fijar?

- Fijarse en cualquier cosa que le preocupe, como los síntomas de una reacción alérgica grave, fiebre muy alta o comportamientos inusuales.

Síntomas de una reacción alérgica grave incluyen: hinchazón de la cara y la garganta, dificultad al respirar, ritmo cardíaco acelerado, mareos y debilidad. Estos síntomas usualmente ocurren unos pocos minutos a unas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que hay una reacción alérgica grave e inmediata que necesita atención inmediata, llame al 9-1-1 y lleve a la persona al hospital más cercano. Si no, puede llamar a su médico.
- Se debe reportar las reacciones al Sistema de Información sobre Eventos Adversos a Vacunas (VAERS). Se también debe presentar este informe, o usted puede hacerlo por el sitio web de VAERS: www.vaers.hhs.gov, o llamando al 1-800-422-7967.

VAERS es de código abierto.

6 El Programa Nacional de Compensación por Lesiones Causadas por Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por Vacunas (Nacional Injury Compensation Program, NICIP) es un programa federal creado para compensar a aquellas personas que pueden haber sido lesionadas por ciertas vacunas.

Las personas que creen que posiblemente hayan sufrido heridas por una vacuna pueden encontrar más información sobre el programa y sobre la presentación de reclamos llamando al 1-800-338-2382 o visitando el sitio web del NICIP www.nicip.gov/vaccinecompensation. Hay un formulario para presentar un reclamo de indemnización.

7 ¿Cómo puedo saber más?

- Consulte a su proveedor de la salud. Él o ella le puede dar un folleto con información sobre la vacuna o dirigirle otros fuentes de información.
- Llame a su departamento de la salud local o de su estado.
- Contacte a los Centros para el Control y la Prevención de Enfermedades (Centros for Disease Control and Prevention, CDC):
 - Llame al 1-800-232-4636 (1-800-CDC-ENTR) o
 - Visite el sitio web del CDC: www.cdc.gov

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015 Spanish

42 U.S.C. § 300aa-26





Consentimiento informado para la vacuna 2017

School Name: _____

COMPLETE TODA LA SIGUIENTE INFORMACIÓN - Imprima con tinta (No se aceptarán formularios incompletos)

NOMBRE del estudiante:	APELLIDO del estudiante:
Sexo: Masculino Femenino	Fecha de nacimiento: (mes/día/año)
Edad Maestro del salón/Grado	
Dirección	
N.º de teléfono particular () - N.º de teléfono celular () -	
Ciudad	Código Postal
Estado	
Etnia del estudiante: (Marque una opción) Afroamericano/Negro Blanco Alaskeño/Nativo americano Asiático Hispano No hispano Hawaisno/Isleño del Pacífico Otro:	
Dirección de correo electrónico:	

Las leyes actuales de cuidado de la salud nos exigen facturarle a su compañía de seguros por la vacuna. El servicio se le brinda a usted sin costo.
Las respuestas siempre son confidenciales.

Complete las siguientes preguntas sobre el seguro médico de su hijo/a:

Medicaid <input type="checkbox"/>	Mi hijo/a NO tiene seguro médico <input type="checkbox"/>
Compañía de seguros: _____	
Nombre del titular de la póliza:	Apellido del titular de la póliza:
Id. de miembro:	Fecha de nacimiento del titular de la póliza: (mes/día/año)

INDIQUE SÍ O NO A CADA PREGUNTA

Sí	No	PREGUNTA
<input type="checkbox"/>	<input type="checkbox"/>	1. ¿Su hijo ha tenido alguna vez una Reacciones a la vacuna contra la gripe que hayan puesto en riesgo su vida en el pasado?
<input type="checkbox"/>	<input type="checkbox"/>	2. ¿Su hijo ha tenido síndrome de Guillain-Barre?
<input type="checkbox"/>	<input type="checkbox"/>	3. ¿Su hijo tiene Alergia a los huevos de gallina o productos de huevos?
<input type="checkbox"/>	<input type="checkbox"/>	4. ¿Su hijo tiene un trastorno de la sangre como la hemofilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. ¿Será la primera vez que su hijo/a reciba una vacuna contra la gripe?

SI TIENE ALGUNA PREGUNTA SOBRE SALUD, COMUNÍQUESE CON EL PEDIATRA DE SU HIJO/A O LLÁMENOS AL 334-473-9147 PARA HABLAR CON UN REPRESENTANTE.

He leído la información sobre la vacuna y los cuidados especiales en la Hoja de Información de la Vacuna. Soy consciente de que puedo encontrar la Declaración de Información de la Vacuna más actual e información adicional en el sitio www.immunize.org o en www.cdc.gov. He tenido la oportunidad de hacer consultas sobre la vacuna y entiendo los riesgos y beneficios. Solicito y doy voluntariamente mi consentimiento para que la vacuna se administre a la persona mencionada arriba, de quien soy padre, madre o tutor legal y tengo autoridad legal para tomar decisiones médicas en su nombre. Reconozco que no recibí ninguna garantía con respecto al éxito de la vacuna. Por el presente, eximo al sistema escolar, a Health Hero of Indiana, Inc. y subsidiarias, escuelas afiliadas de enfermería, sus directores y empleados de toda responsabilidad que pueda resultar de cualquier accidente u acto de omisión que surgiera durante la vacunación. Entiendo que este consentimiento es válido por 6 meses y que informaré a la escuela de cualquier cambio de salud anterior a la fecha de la vacunación. Las fechas para la vacunación se pueden obtener mediante la escuela. Entiendo que la información relacionada con la salud en este formulario se usará a fines de facturación del seguro y que se protegerá la privacidad.

Nombre de padre, madre o tutor en letra de imprenta _____

Firma de padre, madre o tutor _____

Fecha _____

VIS CDC IV 08/07/2015
 Número de LOTE: _____
 RN N.º _____
 FLUCELVAX
 Fecha de VENC.: _____
 Fecha: _____
 ÁREA PARA USO EXCLUSIVO DE LA ADMINISTRACIÓN OFICIAL

Health Hero of Indiana, Inc.
 1411 W. Bella Dr.
 Marion, IN 46953
 334-473-9147

