

*Office of the Superintendent
Boonton Public School District*

November 13, 2009

Dear John Hill School & Boonton Middle/High School Parents & Guardians:

As you know, local towns throughout Morris County are preparing for the establishment of H1N1 vaccine clinics. Each town's local Health Department, with input from their respective school district and other agencies in the community, is determining the best strategy to employ.

Although the most recent news coverage is not making the facts overwhelmingly clear, it is important to inform you that there seems to be no rhyme or reason as to how many vaccines are being made available to towns throughout the state, nor the form of the vaccine. For example, some towns with high populations have not received any supply for their proposed clinics, while others with smaller populations have received an over abundant supply. In addition, the distribution of H1N1 injection vaccines v. nasal spray vaccines also seems to be inconsistent. The Town of Boonton originally received three hundred (300) nasal spray vaccines available to our school children. As a result, we chose to host a "closed clinic" on November 10th beginning at the close of the school day for the students at School Street School.

The Boonton Health Department is now in possession of a large supply of nasal spray and a limited supply of injection vaccines. **We will be hosting a "closed clinic" on Tuesday, November 24th from 2:30 p.m. through 6:30 p.m. in the Boonton High School Cafeteria for all John Hill students, Boonton Middle School students, Boonton High School students and staff of the Boonton School District who meet the eligibility requirements for vaccination.** The primary method of vaccination will be the nasal spray unless otherwise determined by the medical screeners. Please keep in mind that any student under the age of 18 must be accompanied to the clinic by a parent, guardian, or an authorized adult over the age of 18. An authorized adult will need a note by the child's parent or guardian stating permission for both the vaccine and the oversight of the individual other than the child's parent or guardian.

Following mandatory protocol and guidelines that have been passed on to our Local Health Department, please keep in mind that this clinic is voluntary and is being made available to better meet the needs of our John Hill School and Boonton Middle and High School students and staff members. If you are interested in having your child receive the H1N1 vaccine, you will need to read the attached packet provided by the Town of Boonton Local Health Department. You will need to complete and return the consent form to your child's school nurse (Mrs. Brown at the John Hill School and Mrs. Tucci at the Middle/High School) no later than Monday, November 23rd in order to assist us in planning for the clinic. All questions regarding this "closed clinic" or questions regarding H1N1 and the vaccine may be directed to Mrs. Brown at 973-316-9235, Mrs. Tucci at 973-335-9700, or Carole Hudson (Boonton Health Department) at 973-402-9410.

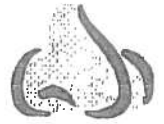
In closing, I would like to thank you for your patience and cooperation. I, along with the school nurses, am always available to answer questions that you may have. Please do not hesitate to call.

Sincerely,

Christine A. Johnson

Christine A. Johnson
Superintendent of Schools

**TOWN of BOONTON HEALTH DEPARTMENT
2009-10 H1N1 NASAL SPRAY Vaccine Consent Form**



Nasal Spray is for people age 2 – 49 years ONLY

Section 1: Information about person receiving vaccine (PLEASE PRINT)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH month day year
ADDRESS			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE	ZIP	PHONE #

Section 2: Screening for Nasal Vaccine Eligibility

	YES	NO
1. Are you pregnant?		
2. Has the person to be vaccinated received a vaccine within the past 30 days or will you in the next 30 days? If yes, please list name of vaccine(s):		
3. Has the person to be vaccinated had a life-threatening reaction to flu or flu mist vaccination before?		
4. Is the person to be vaccinated sick today?		
5. Is the person to be vaccinated allergic to any part of the vaccine (eggs, egg proteins, gentamicin, gelatin, arginine or MSG)?		
6. Is the person to be vaccinated younger than age 2 years or older than age 49 years?		
7. <u>If the person to be vaccinated is age 2-17 years of age</u> , does the person currently take aspirin therapy or aspirin-containing therapy?		
8. Has the person to be vaccinated ever been diagnosed as having asthma; been told by a physician that they are wheezing; and/or ever used an inhaler or nebulizer? <u>Have you used an inhaler in the last 12 months?</u>		
9. Has the person to be vaccinated ever had Guillain-Barré syndrome? Or other active neurological disorders?		
10. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or any other disease that affects the immune system, and/or or treatment with medications such as high-dose steroids, or cancer treatment with radiation or drugs?		
11. Does the person being vaccinated have any of the following long-term health problems? (CIRCLE) heart disease kidney disease metabolic diseases (for example, diabetes) liver disease lung disease anemia or other blood disorder other _____		
12. Does the person being vaccinated live with and/or expect to have close contact with a person whose immune system is severely compromised such that they must be in protective isolation (such as in a hospital room with reverse air flow)?		

Section 3: Consent for Vaccination

H1N1 VACCINE CONSENT

I have been given the 2009-10 H1N1 CDC Vaccine Information Statement. I have had the opportunity to ask questions that have been answered to my satisfaction. I believe I understand the benefits and risks of the H1N1 vaccine and I request and consent that it be given to me or to the person named of whom I am parent, guardian or authorized person. I release the Town of Boonton Health Department from any responsibility for my own health care needs, or liability from health consequences that may occur from my participation in this program. I also consent to having this data recorded in NJIIS (New Jersey Immunization Information System).

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Dose # 1 or 2*	Vaccine Manufacturer	Lot Number	Staff Signature
2009 H1N1			MedImmune		

*As of 10/8/2009, two (2) doses of H1N1 vaccine are required for children 6 months through 9 years of age