



52 Community Lane South Hero, VT 05486 Phone: (802) 372-4687 Fax: (802) 372-5856 www.chcb.org

Dear Parents/Staff:

Thank you for choosing to get the influenza vaccine this season through the Community Health Centers - Champlain Islands.

We are offering the influenza vaccine as a community service whether or not your child is a patient of CHC - Champlain Islands. Receiving the vaccine at the school clinic in no way changes who your primary provider is for your child's health care needs.

If you would like your child to receive the influenza vaccine, Please check one below:

_____ My child _____ DOB _____ is a current patient of CHC.

-No forms need to be completed, we ask that you contact the office at your convenience to ensure that insurance information is up to date.

_____ My child _____ DOB _____ is **not** a patient of CHC-please complete attached forms.

1. Please complete the Patient Registration/Consent to Treat Form, in its entirety.
2. Please provide your insurance information.

NOTE: This service will be billed to your insurance company. We will not be able to administer the vaccine if forms are incomplete.

Please indicate if there is any allergy to the following:

Neomycin __ Yes __ No Latex __ Yes __ No Gelatin __ Yes __ No Eggs __ Yes __ No

We will be at the school to administer flu shots on Tuesday, October 14th.

Please return this letter and the attached completed forms (if needed) to the school at your earliest convenience **but no later than Wednesday, October 8th**. If you have any questions, please contact Kristie Barber RN at the school health office.

Thank you,
Community Health Centers - Champlain Islands

Attachments:
CHC Patient Registration/Consent to Treat Form/Influenza VIS sheet