Health Hero

School System Birmingham City Thursday 10/10/2024
2022-2023 Flu Doses 641 3.03% Participation Rate
2023-2024 Flu Doses 714 3.58% Participation Rate
Lead Nurse Lavonda Arrington larrington@bhm.k12.al.us

Health Hero Team 1 _____

1. **Sun Valley Elem. 1010 18th Ave. NW Birmingham (205) 231-5740**
2. **Huffman Academy 1212 Cheyenne Blvd. Birmingham (205) 231-5800**
3. **Huffman High 950 Springville Rd. Birmingham (205) 231-5000**
4. **Huffman Middle 517 Huffman Rd. Birmingham (205) 231-5370**

Health Hero Team 2 _____

1. **Smith Middle 1124 Five Mile Rd. Birmingham (205) 231-5675**
2. **Martha Gaskins Elem 200 Dalton Dr. Birmingham (205) 231-9200**
3. **W J Christian K–8 Elem 725 Mountain Dr. Birmingham (205) 231-5250**
4. **Robinson Elem 8400 1st Ave S Birmingham (205) 231-5555**

Health Hero Team 3 _____

1. **Hayes K-8 505 43rd St. N Birmingham (205) 231-8900**
2. **Hudson K-8 3300 FL Shuttlesworth Dr Birmingham (205) 231-3000**
3. **Avondale Elem 4000 8th Ct. S Birmingham (205) 231-7131**
4. **Phillips Academy 2316 7th Ave. N Birmingham (205) 231-9500**
5. **Bush Hills STEAM Academy 900 16th St W. Birmingham 205-231-6370; david 205-919-1863**
6. **Jones Valley Middle 2000 31 St. SW Birmingham (205) 231-1048.**

Health Hero Team 4 _____

1. **Barrett Elem 7601 Division Ave Birmingham (205) 231-8130**
2. **Woodlawn High Magnet 5620 1st Ave N Birmingham (205) 231-8000**
3. **Putnam Middle 1757 Montclair Rd. Birmingham (205) 231-8680**
4. **Henry Oliver Elem 6871 6th Ct S Birmingham (205) 231-8620**
5. **Arrington Elementary 2101 Jefferson Ave. SW Birmingham (205) 231-1130**
6. **Wenonah High 2800 Wilson Rd. SW Birmingham (205) 231-1675**
7. **Oxmoor Valley Elem 3600 Sydney Dr Birmingham (205) 231-1200**

Our teams arrive at the 1st school by 7:45 to set up for clinics. Please bring students a grade at a time to the designated location in order to maintain the 90 minutes per school schedule. It is important to the schools following your clinic that we stay on schedule. For students in Kindergarten or 1st Grade - please send with their school ID or label to help us confirm names and dates of birth. Please call us at 205-609-0268 with any questions or concerns.

Health Hero

School System
2022-2023 Flu Doses 641
2023-2024 Flu Doses 714
Lead Nurse Lavonda Arrington

Birmingham City

Friday 10/11/2024
3.03% Participation Rate
3.58% Participation Rate
larrington@bhm.k12.al.us

Health Hero Team 1

1. Ossie Ware Mitchell Middle 501 81st St. S Birmingham (205) 231-9400
2. Inglenook K-8 4120 Inglenook St. Birmingham (205) 231-3310
3. George W Carver High 3900 24th St. N Birmingham (205) 231-3900
4. Central Park Elem. 4915 Ave. Q Birmingham (205) 231-1250
5. South Hampton K -8 Elem 565 Sheridan Rd. Birmingham (205) 231-6689

Health Hero Team 3

1. Norwood Elem. 3136 Norwood Blvd. Birmingham (205) 231-3440
2. Parker High 400 Rev Abraham Woods Jr. Blvd. Bham (205) 231-2370
3. Wilkerson Middle 116 11th Ct W Birmingham (205) 231-9747;205-231-2740
4. Hemphill Elem 714 12th St. W Birmingham 205-231-7542 (direct nurse #)
5. Jackson-Olin High 1300 Ave. F Ensley Birmingham (205) 231-6431

Health Hero Team 4

1. Green Acres Middle 1220 67th St. W Birmingham (205) 231-1370
2. Charles A. Brown Elem 4811 Court J Birmingham (205) 231-6867 (direct)
3. Wylam K- 8 Elem 701 Erie. St. Birmingham (205) 231-6800
4. Minor Elem. School 2425 Ave. S Ensley Birmingham (205) 231-6555
5. Tuggle Elem 412 12th Ct N Birmingham (205) 231-2670
6. West End Academy 1840 Pearson Ave. SW Birmingham (205) 231-1742

Health Hero Team 3

1. Princeton Elem. 1425 2nd Ave. W Birmingham (205) 231-2500
2. Washington Elem. School 115 4th Ave. S Birmingham 205-231-7745
3. Glenn Iris Elem. School 1115 11th St. S Birmingham (205) 231-7440
4. EPIC 1000 10th Ave. S Birmingham (205) 231-7370
5. Ramsey High School 1800 13th Ave. S Birmingham (205) 231-7000

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HEALTH HERO
You Keep Them Smart
We Keep Them Healthy

FLU VACCINE CONSENT FORM

Scan QR code for Vaccine Information Statement

School Name: _____

PLEASE COMPLETE ALL OF THE INFORMATION BELOW – Please print using ink (Incomplete forms will not be accepted)											
FIRST NAME OF STUDENT		MIDDLE INITIAL		LAST NAME OF STUDENT				SUFFIX			
GENDER: Male (M) Female (F)		Birth date (mo/day/yr)		AGE		GRADE		HOMEROOM TEACHER			
ADDRESS								MOTHER'S MAIDEN NAME			
CITY		STATE		ZIP CODE		PHONE					
EMAIL											

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.

MY CHILD IS ENROLLED WITH MEDICAID (VFC ELIGIBLE) (mark with an X)		MY CHILD HAS COMMERCIAL INSURANCE (NOT VFC ELIGIBLE) (mark with an X)		MEMBER ID POLICY NUMBER	
Alabama Medicaid	☐	BCBS / All kids	☐	INSURANCE COMPANY NAME	
		Aetna	☐	POLICY HOLDER's FIRST NAME	
		CHAMPVA	☐	POLICY HOLDER's LAST NAME	
		Cigna	☐	BIRTH DATE (mo/day/yr)	
		Tricare	☐		
		UMR- Wausau	☐		
		United Health Care	☐		
		Viva Health Plan	☐	MY CHILD HAS NO INSURANCE (VFC ELIGIBLE) (mark with an X)	☐

STOP

Do NOT return this form unless you want your child to be vaccinated.

STUDENT RACE (mark with an X)		ETHINICITY (mark with an X)	
African American/Black	☐	Hispanic	☐
White	☐	Non-Hispanic	☐
Asian	☐		
Hawaiian / Pacific Islander	☐		
Alaskan / Native- American	☐		
Other	☐		

HEALTH QUESTIONS (mark with an X)	YES	NO
Will this be the first time your child has received a flu vaccine?	☐	☐
Has your child ever had an adverse reaction to any vaccine in the past including Guillain Barre syndrome?	☐	☐
Does your child have a blood disorder such as hemophilia or sickle cell?	☐	☐

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, HNH Immunizations Inc., MaxVax LLC., Health Heroes and it's affiliates, 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. I acknowledge that I am giving permission for HNH Immunizations Inc. to adjudicate and appeal claims with my insurance providers on my behalf. 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. I approve the use of my phone number to receive health related information. I request and voluntarily consent for the vaccine to be given and recorded in state registry for the person listed above.

PARENT/GUARDIAN WITH AUTHORITY TO AUTHORIZE VACCINATIONS SIGNATURE					
FIRST NAME		LAST NAME		DATE OF SIGNATURE (mo/day/yr)	
SIGNERS DATE OF BIRTH (mo/day/yr)				RELATIONSHIP TO CHILD	

Area for Official Administration Use Only
VIS CDC IIV 08/06/2021
Lot # _____ Exp: _____
Date: _____
_____ LPN/RN/MD

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD's PEDIATRICIAN OR CALL US AT 205-609-0268 TO SPEAK TO A REPRESENTATIVE, PLEASE SEE WWW.HEALTHHEROUSA.COM FOR MORE INFORMATION

HNH Immunizations Inc.
326 Prairie Street N.
Union Springs, AL 36089
AL@healthherousa.com
205-609-0268

HEALTH HERO
You Keep Them Smart
We Keep Them Healthy

FORMULARIO DE CONSENTIMIENTO PARA VACUNACIÓN (FLU)

Escanear código QR para Información sobre vacunas Declaración

Nombre de la Escuela _____

POR FAVOR COMPLETE TODA LA INFORMACIÓN A CONTINUACIÓN - POR FAVOR ESCRIBA CON TINTA (NO SE ACEPTARÁN FORMULARIOS INCOMPLETOS)

NOMBRE DEL ESTUDIANTE		**INICIAL MEDIA**		**APELLIDO DEL ESTUDIANTE**			**SUFFIX**		
GÉNERO Masculino (M) Femenino (F)		**Fecha de nacimiento** (mes/día/año)		**EDAD**		**GRADO**		**PROFESOR**	
DIRECCIÓN								**APELLIDO DE LA MADRE**	
CIUDAD		**ESTADO**		**CÓDIGO POSTAL**		**TELÉFONO**			
EMAIL									

La legislación sanitaria vigente nos obliga a facturar la vacuna a su compañía de seguros. El servicio es gratuito. Sus respuestas son confidenciales.

MI HIJO ESTÁ INSCRITO EN MEDICAID (VFC ELIGIBLE) (marque con una X)		**MI HIJO TIENE UN SEGURO COMERCIAL** (VFC NO ELIGIBLE) (marque con una X)		**ID MIEMBRO NÚMERO DE PÓLIZA**	
Alabama Medicaid	☐	BCBS / All kids	☐	**COMPAÑÍA DE SEGUROS**	
		Aetna	☐	**NOMBRE TITULAR DE LA PÓLIZA**	
		CHAMPVA	☐	**APELLIDO TITULAR DE LA PÓLIZA**	
		Cigna	☐	**FECHA DE NACIMIENTO** (mes/día/año)	
		Tricare	☐		
		UMR- Wausau	☐		
		United Health Care	☐		
		Viva Health Plan	☐	**MI HIJO NO TIENE SEGURO** (VFC ELIGIBLE) (marque con una X)	☐

ALTO
NO devuelva este formulario a menos que desee que su hijo sea vacunado.

RAZA DEL ESTUDIANTE (marque con una X)		**ETNIA** (marque con una X)	
Afroamericano	☐	**Hispano**	☐
Blanco	☐	**No-Hispano**	☐
Asiatico	☐		
Hawaiano / Isleño	☐		
Alaska / Nativo americano	☐		
Otros	☐		

PREGUNTAS DE SALUD (marque con una X)	**SI**	**NO**
¿Esta es la primera vez que su hijo reciba una vacuna antigripal?	☐	☐
¿Ha tenido su hijo alguna reacción adversa a alguna vacuna en el pasado, incluído el síndrome de Guillain Barre?	☐	☐
¿Su hijo padece algún trastorno sanguíneo como hemofilia o drepanocitosis?	☐	☐

He leído la información sobre la vacuna y las precauciones especiales que figuran en la Hoja de información sobre la vacuna. Soy consciente de que puedo encontrar la Declaración Informativa sobre Vacunas más actualizada y otra información en www.immunize.org o www.cdc.gov. He tenido la oportunidad de hacer preguntas sobre la vacuna y entiendo los riesgos y beneficios. Solicito y consiento voluntariamente que se administre la vacuna a la persona arriba mencionada de la que soy padre o tutor legal y tengo autoridad legal para tomar decisiones médicas en su nombre. Reconozco que no se han dado garantías sobre el éxito de la vacuna. Por la presente libero al sistema escolar, HNH Immunizations Inc, MaxVax LLC, Health Hero y sus filiales, subsidiarias, escuelas de enfermería afiliadas, sus directores y empleados de cualquier y toda responsabilidad que surja de cualquier accidente o acto de omisión que surja durante la vacunación. Entiendo que este consentimiento es válido por 6 meses y que informaré a la escuela de cualquier cambio de salud antes de la fecha de la clínica de vacunación. Reconozco que estoy dando permiso para que HNH Immunizations Inc. adjudique y apele reclamaciones con mis proveedores de seguros en mi nombre. Las fechas de las clínicas se pueden obtener en la escuela. Entiendo que la información relacionada con la salud en este formulario se utilizará para fines de facturación del seguro y se protegerá su privacidad. Apruebo el uso de mi número de teléfono para recibir información relacionada con la salud. Solicito y consiento voluntariamente que se administre la vacuna y se inscriba en el registro estatal a la persona arriba indicada.

NOMBRE DEL PADRE/MADRE/TUTOR CON AUTORIDAD PARA AUTORIZAR LAS VACUNAS					
NOMBRE		**APELLIDO**		**FECHA DE LA FIRMA** (mes/día/año)	
FECHA DE NACIMIENTO DE QUIEN FIRMA (mes/día/año)				**RELACIÓN CON EL NIÑO**	

Zona de uso exclusivo de la Administración
VIS CDC IIV 08/06/2021
Lot # _____ Exp: _____
Date: _____
_____ LPN/RN/MD

SI TIENE ALGUNA PREGUNTA SOBRE SALUD, PÓNGASE EN CONTACTO CON EL PEDIATRA DE SU HIJO O LLÁMENOS AL AL 205-609-0268 PARA HABLAR CON UN REPRESENTANTE, CONSULTE HTTP://WWW.HEALTHHEROUSA.COM PARA OBTENER MÁS INFORMACIÓN.

HNH Immunizations Inc.
326 Prairie Street N.
Union Springs, AL 36089
AL@healthherousa.com
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