Hazlehurst Clinic
213 Caldwell Drive
Hazlehurst, MS 39083
Phone: (601) 894-4661
Fax: (601) 894-2514

Crystal Springs Clinic
123 [illegible] Drive
Crystal Springs, MS 39059
Phone: (601) 892-2225
Fax: (601) [illegible]-1456

Wesson Clinic
[illegible] Street
Wesson, MS 39191
Phone: (601) [illegible]
Fax: (601) [illegible]

Fred J. McDonnell, MD
Randy Hankins, MD
Robert L. [illegible], MD
Ken Whittington, MD
Preston B. McDonnell, MD

[illegible] Thornton, FNP-C
[illegible], FNP-C
Christopher Price, FNP-C
Shannon C. [illegible], Administrator

October 8, 2021

Dear Parents,

The doctors of Copiah Medical Associates are interested in providing as much protection against the flu season as possible. We encourage all families to have your children vaccinated with their family physician or health department as soon as possible.

Copiah Medical Associates will be offering flu shots at Copiah Academy for any age student age 4 and older as follows: (Under age 4 will need to see their healthcare provider.)

K-6th	Wednesday, October 27, 2021	7:00am-8:00am
7th-12th	Thursday, October 28, 2021	7:00am-8:00am

The cost will be $30.00 and will be payable by check, cash or we will be happy to file insurance if provided with a photo static copy of your insurance card. The accompanying consent form will need to be completed, signed and dated by the parent or guardian.

Please have the completed form returned to the office no later than Friday, October 22, 2021. Parents are welcome to be with their children at the time of the vaccination. For any child age 8 and younger that has never had a flu shot, the child should have a booster shot (second dose) one month later.

If you have any questions please feel free to call me (601)-894-4661 or (601) 892-2225.

Sincerely,

Randy Hankins, MD

Pre-filled Regular Dose

MEDICAL ASSOCIATES

2021-2022

CONSENT FORM FOR INFLUENZA VACCINE

1. I have requested and/or my doctor has recommended that I receive the Influenza (flu) vaccine.

2. I understand that the Flu vaccine does not protect against all types of Influenza (flu), but it does help decease my chance of becoming ill.

3. I understand that there is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. The Flu vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, possible fever, chills, headache or muscle aches. These effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions.

4. I understand that the Influenza (Flu) vaccine is generally not recommended for the following people.
    - People who have an allergy to eggs or Thimerosal
    - People with a previous severe reaction to the vaccine
    - People with a fever, acute respiratory or other active infection or illness
    - Pregnant women
    - People who have had Guillain-Barre Syndrome within 6 weeks of a previous flu vaccine

*****IF YOU HAVE ANY OF THE ABOVE, PLEASE NOTIFY THE STAFF*****
If you experience any significant, reactions, call your physician.

Patient Name:____________________________ **DOB:** ____________

I have read the above information above information about the Influenza (Flu) vaccine and I have had a chance to ask questions. I understand the benefits and risks of the vaccine and request that the vaccine be given to me or the person named below for whom I am authorized to sign.

________________________________ _______________
Signature (Person receiving vaccine or Parent or Guardian) **Date**

****

FOR CLINIC USE ONLY:

Vaccine Administered IM **FOR AGES: 2 years and older**
DOSAE: 0.5ml **Lot#:**____________
Manufacturer: __________
Exp. ______ **Site:**________________ **Administered by:**________________