

Your student at Episcopal can protect him/herself against several serious health threats to students by taking advantage of immunizations offered in cooperation with Intravene on campus in the fall of 2011.

As a parent you may not be aware of the health risks associated with Meningococcal Meningitis, Influenza, and HPV.

MENINGOCOCCAL MENINGITIS

Outbreaks of meningitis due to the bacterium *Neisseria meningitidis* have risen on college campuses in recent years. Meningitis is a serious and potentially fatal disease that affects the brain and spinal cord and can lead to permanent disabilities such as hearing loss and brain damage. Meningococemia (blood infection) can lead to kidney and heart failure and also result in severe disability and death.

Students are more susceptible because they live and work in close proximity to each other in residence halls and classrooms. Students at boarding schools live in similar conditions as college freshmen who live in residence halls. These college freshman students have a six times higher risk of meningitis than college students overall. Meningitis is passed through such common habits as sharing a drink or cigarette, kissing or through the air via coughing or sneezing.

There is a **safe, effective vaccine** that can provide protection against four strains of meningitis, which together account for 70% of meningitis cases on campus. In the past, vaccination has been delayed until an outbreak occurs. ***Because the onset of symptoms is extremely rapid and immunity after vaccination can take up to 2 weeks to develop, it makes sense for students to consider reducing their risk before an outbreak occurs.***

If your child has already been vaccinated the **CDC now recommends** “if your child was vaccinated between the ages of 11-12 they should receive a second dose at age 16. If your child was vaccinated at age 13-15 they should received a second dose 3 years after the first dose.”

INFLUENZA

Influenza (“the flu”) can lead to serious and potentially life-threatening medical complications such as pneumonia. With a rigorous curriculum, even a short illness may cause a setback in studies and hinder academic achievement. Many schools encourage their students to be immunized against influenza annually to prevent an outbreak, which can occur very quickly

GARDASIL

HPV (Genital Human Papillomavirus) is the virus which as been associated with cervical cancer. Gardasil is a vaccine which protects against the 4 major types of the 40 types of HPV. Of these 4 types 2 can cause about 70% of cervical cancer and 2 can cause about 90% of genital warts. It is recommended for girls 11-12 years of age **before** exposure to HPV. Once exposed the vaccine will not protect against disease.

The cost of the vaccines given will be charged to the student’s account

- **Meningitis** **\$130.00**
- **Gardasil (3 doses required)** **\$150.00 per dose**
- **Influenza** **\$30.00**
- **Tetanus and Diphtheria** **\$30.00**
- **Tetanus, Diphtheria, and Pertussis** **\$50.00**

Intravene will be providing vaccines at Episcopal High School on October 10th and 11th, 2011. If you would like for your student to receive any immunizations please complete the informed consent form below and return to Episcopal High School. (see address below) If you have any questions please call Intravene at 1-877-947-3902, extension 2172 or visit us at www.intravene.net/ehs.

INFORMED CONSENT TO ADMINISTER VACCINES TO STUDENTS UNDER 18 YEARS OF AGE

I, the undersigned authorize Intravene to administer the following vaccine(s) to my son/daughter at the immunization program to be held in conjunction with his/her high school. I understand I will be financially responsible for the vaccines which I authorize for my child.

Please check authorized vaccine: Influenza (Injection) Meningococcal Gardasil Other_____

I have reviewed the vaccine information statements available on Intravene’s Website (Intravene.net), which outlines the benefits, risks and contraindications to the vaccines as well as the possible side effects.

Students Name (Please Print):

Last: _____ First: _____ M.I.: _____ Social Security Number: _____

Students Date of Birth: ____/____/____

Signature of Parent/Guardian: _____ Date: _____

Please mail completed form to Episcopal High School, 1200 North Quaker Lane, Alexandria Va. 22302 (Attention: Louise Six-Confidential)