

# Menominee Tribal School

W6817 Church Street  
PO Box 39  
Neopit, WI 54150  
Office: (715) 756-2354  
Fax: (715) 756-2364

November 4, 2021

Dear Parents/Guardians,

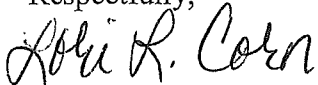
We are happy to offer a convenient option for your child to get the Pfizer COVID-19 vaccine. The Menominee Tribal School will be partnering with the Menominee Tribal Clinic to offer the 5-11 year old COVID-19 vaccines to all our students. Vaccination sites will be held at the **MTS gym on November 12 from 1 to 5 pm** or you can go to the **Keshena Primary School big gym on November 10<sup>th</sup> from 1 to 5 pm**. Parents and guardians are welcome to come to school during that time and have their child vaccinated. These vaccination sites will only be available to the 5 to 11 year olds at this time.

Attached is the consent form for you to fill out if you would like your child to be vaccinated here at school and return with your child. If you like you can also call the school and talk with the office staff and give verbal permission for your child to receive the vaccination. If you are interested in looking up the facts in regards to the vaccine please go to the website: [www.cdcvaccine.com](http://www.cdcvaccine.com) they will have the answers for you, they will also have copies of the facts sheets at both sites for your convenience.

So far, the CDC has recorded 1.9 million COVID cases in children between 5 and 11 year olds and 8,300 hospitalizations. Children with underlying health conditions such as obesity, asthma or chronic lung disease, diabetes and immunosuppression disease are more likely to get severely ill. We are encouraging all students to be vaccinated against COVID-19, getting vaccinated not only protects the students but also the family, friends, our school and most importantly our community.

If you have any questions or concerns, please feel free to call the school office (715)-756-2354 or the nurses at the community health department at the Tribal clinic (715)799-3361.

Respectfully,

  
Lori L. Corn

**VOLUNTARY CONSENT TO COVID-19 VACCINE  
FOR MY MINOR CHILD:**

I understand that COVID-19 can have serious, life-threatening complications (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), and there is no way to know how COVID-19 will affect me. I further understand that a COVID-19 vaccine may help keep me from becoming seriously ill, even if I do become infected with COVID-19.

I have reviewed my specific vaccine EUA Fact Sheet or have had its contents including the benefits, the usual and most frequent risks of receiving this vaccine, and alternatives explained to me, based upon currently available information. Depending upon the COVID-19 vaccine that I receive, I may require one or two injections. I have had an opportunity to ask questions which have been answered to my satisfaction. I agree to remain at the vaccination location for at least 15 minutes after vaccine is administered in the event of adverse reaction.

I understand that:

- This vaccine is authorized for use under Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA). Under an EUA, the FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products, in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.
- It is unclear how long any potential benefits of the vaccine may last. Additional research is needed to answer this question.
- I may still become ill with COVID-19 and may be able to transmit the virus to other individuals.

I understand and acknowledge record of this vaccine administration to me will be reported to the state and/or federal regulatory bodies in compliance with reporting for inventory management and use of National Stockpile vaccine supply.

**Precautions/Contraindications:** (Vaccine may not be administered depending on your responses)

Fever or feeling ill today?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Defer until feeling better.
Have you ever received a dose of COVID-19 vaccine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Ensure same vaccine and appropriate interval
History of severe allergic reaction (e.g., anaphylaxis) to any component of this vaccine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – STOP. Do NOT vaccinate.
History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including this vaccine)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Requires 30 min observation.
History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Requires 30 min observation.
History of other serious allergic reaction (e.g., anaphylaxis) due to any cause	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Requires 30 min observation.

Name of Minor (Print Clearly): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian Consenting (Print Name): \_\_\_\_\_

Signature of Parent/ Guardian Consenting: \_\_\_\_\_ Today's Date: \_\_\_\_\_