

# STUDENT Vaccination Consent Form— FLU SHOT

STUDENT'S NAME (Last)	(First)	(M. I.)	STUDENT'S DATE OF BIRTH / /
PARENT/GUARDIAN'S NAME (Last)	(First)	(M. I.)	STUDENT'S GENDER (Circle) Male                  Female
ADDRESS		PHONE DAYTIME:                                  CELL: HOME:	
SCHOOL NAME	GRADE	HOMEROOM TEACHER'S NAME	
STUDENT'S DOCTOR'S NAME	PRIMARY CLINIC		
STUDENT'S HEALTH INSURANCE: <input type="checkbox"/> (Circle one) - Medicaid / MA / Blue Plus / UCare / Prime West <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance			

The following questions will help us to determine if your child may receive the **FLU SHOT** (inactivated influenza vaccine). Please mark **YES** or **NO** for each question.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has your child received a flu vaccine in the past?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your child ever had a serious allergic reaction to eggs or to a component of any flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your child ever had Guillain-Barre Syndrome (a serious nervous system disorder)?              | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered YES to any questions, left any questions blank, or you are unsure of the answer to any of the above questions, your child may NOT receive the FLU SHOT (inactivated influenza vaccine) through the school vaccination program (please talk to your child's doctor).**

CONSENT FOR CHILD'S VACCINATION: I have received and read the 2010 Vaccine Information Statement for the FLU SHOT (Inactivated Influenza Vaccine). I understand the risks and benefits, and give consent for my child, named at the top of this form, to receive the FLU SHOT. I also consent to having information regarding my child's influenza vaccination shared with my child's doctor and my child's health insurance company.

→ Signature / Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Administrative Use Only

- Reason **FLU SHOT** NOT given:
- Student had temperature of 100.5° or higher
  - Student's consent form incomplete—parent / guardian could not be contacted
  - Student refused **FLU SHOT**
  - Student absent
  - Other: \_\_\_\_\_