

Annual Influenza Vaccine Consent Form-FLU SHOT

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER during flu shot clinic:		
CITY	STATE	ZIP			
STUDENT'S DOCTOR'S NAME (Last, First)		Address		City	Zip
SCHOOL NAME		HOMEROOM TEACHER'S NAME		GRADE	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.

Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<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-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2019-2020 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

- I GIVE CONSENT** to the VAX-A-NATION MOBILE CLINIC and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then your child will not be vaccinated).

Choose one of the following:

- I give permission for my elementary/secondary (circle one) student to receive the flu at school and I UNDERSTAND and that I DO NOT have to be present.
- I prefer that I am with my elementary/secondary (circle one) student when they receive the flu shot and I will be at the elementary cafeteria between 2:45p and 5:00p. List time you will be here _____

Signature of Parent/Legal Guardian:

Date: month _____ day _____ year _____ Phone _____ email _____