

Annual Influenza Vaccine Consent Form- FLU SHOT

PLEASE NOTE FLU MIST IS NOT AVAILABLE AT THIS CLINIC. THIS IS FOR THE IM SHOT

Section 1: Information about child to receive vaccine (please print):

STUDENT'S NAME (Last)	(First)	(M.I.)	Date of birth	Age	Gender M or F
Parent/legal guardian (Last)	(First)	(M.I.)	School Name	Teacher	Grade
Address	City		State	Zip	
Parent/Guardian's daytime phone					
Doctor's Name (Last, First)		Phone	Address (inc. city and zip)		

Section 2: Screening for vaccine eligibility:

The following questions will help us know if your child can get the seasonal influenza vaccine. Please mark YES or NO for each question.

	YES	NO
Is your child sick today?		
Does your child have a serious allergy to eggs OR components of vaccines?		
Has your child ever had a serious reaction to a previous dose of flu vaccine?		
Has your child ever had Guillain-Barre Syndrome?		
Does your child have a weak immune system (HIV, cancer, use of steroids)?		

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2018/2019 Vaccine Information Statement for the seasonal influenza vaccine and understand the risk and benefits. I also understand that Peterson Drug & Gifts and the Mountain Lake Public School will not be held liable.

I GIVE CONSENT to Peterson Drug & Gifts and their staff for my child named at the top of this form to be vaccinated (if this consent form is NOT signed, then your child will not be vaccinated).

Signature of Parent/Legal Guardian: _____ Date: _____

Section 4: Insurance Information

Medical Assistance _____ Blue Plus _____ UCARE _____ Private _____
 ID# _____ Group # _____ RX BIN # _____ RX PCN # _____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

VACCINE	ROUTE	DATE ADMINISTERED	MANUFACTURER	LOT #	ADMINISTRATOR & TITLE