



## 2020-21 School Based Influenza Vaccine Consent Form

School Name \_\_\_\_\_

**If you do NOT want your child to receive flu vaccine, do NOT fill out or return form.**

### Section 1: Information About the Student Who Will Receive Influenza Vaccine (please print)

<b>STUDENT'S FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>(LAST NAME)</b>	<b>NICKNAME (Name student goes by):</b>	
<b>DATE OF BIRTH (mm/dd/yyyy)</b>	<b>AGE</b>	<b>GENDER (Please circle)</b> Male      Female	<b>HOMEROOM TEACHER</b>	<b>GRADE</b>
<b>ETHNICITY (Please Check)</b> Hispanic/Latino <input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>RACE (Please Circle):</b> African American/Black, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific Islander, Other		<b>PARENT/ LEGAL GUARDIAN'S NAME</b>	
<b>HOME ADDRESS</b>			<b>PARENT/ GUARDIAN PHONE NUMBER(S)</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>*Provide insurance plan information below Name of Policy Holder/Name on ID Card:</b>	
<b>INSURANCE INFORMATION: Does your child have Insurance that covers vaccines?</b> <input type="checkbox"/> Yes / <input type="checkbox"/> No If "Yes," please check health insurance provider below & complete the information to the right*:			<b>Member ID#:</b> _____  <b>Group#/Policy Type (HMO, PPO, CMO):</b> _____  Please attach a copy of the insurance card to this form	
<input type="checkbox"/> Aetna <input type="checkbox"/> Ambetter <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> BCBS/ANTHEM <input type="checkbox"/> Cigna	<input type="checkbox"/> Medicaid/Amerigroup/Peachstate/Wellcare/CareSource <input type="checkbox"/> Peachcare for Kids <input type="checkbox"/> United Healthcare <input type="checkbox"/> UMR <input type="checkbox"/> TRICARE Standard <u>ONLY</u> <input type="checkbox"/> Other _____	<input type="checkbox"/> No Insurance		

### Section 2: Medical Information: The following questions will help us to determine if this student can receive the influenza vaccine.

*\*Please circle Yes or No for every question.*

1. Has the student received any vaccines in the last four weeks? If yes, please list:		Yes	No
2. When was the student last vaccinated for flu?	Date or Year		
3. Has the student ever had a serious allergic reaction to eggs?		Yes	No
4. Has the student ever had a serious reaction to any influenza (flu) vaccine?		Yes	No
5. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?		Yes	No
6. Is the student on long term aspirin or aspirin-containing therapy (For example: does the student take aspirin everyday)		Yes	No
7. Does the student have any significant or chronic (long term) health conditions? (For example: diabetes, sickle cell disease, heart condition, lung condition, seizure disorder, cerebral palsy, muscle or nerve disorder, juvenile arthritis)		Yes	No
8. Does the student have a weak immune system? (For example, from HIV, cancer, or from taking medications such as steroids or those used to treat cancer)?		Yes	No
9. Has the student ever had Guillain-Barre Syndrome (GBS)?		Yes	No
10. Adolescent females only: Is the student pregnant?		Yes	No

### Section 3: Consent to vaccinate:

***If this consent form is not filled out completely, signed, dated, and returned, the student will not be vaccinated at school.***

FOR CLINIC USE ONLY	
<p style="text-align: center;"><b>CONSENT FOR STUDENT TO RECEIVE INFLUENZA VACCINE</b></p> <p><i>By signing below, I acknowledge that the student and medical information provided above is correct. I have been given a copy of the VACCINE INFORMATION STATEMENT for INFLUENZA VACCINE. I have had a chance to ask questions which were answered to my satisfaction.</i></p> <p><i>I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent.</i></p> <p><i>I understand that participation and receipt of the influenza vaccine through this program is completely voluntary.</i></p> <p><b>By signing below, I give permission for the student listed above to receive flu vaccine.</b></p> <p>Signature of Parent/Legal Guardian: _____ Date: _____</p>	<p><b>Inactivated Influenza Vaccine 2020-21</b> Administration Route:   <input type="checkbox"/> IM / <u>LEFT</u> Deltoid   <input type="checkbox"/> IM / <u>RIGHT</u> Deltoid</p> <p>Mfg: _____ Lot #: _____ Exp Date: _____</p>
<p><b>Intranasal Influenza Vaccine 2020-21</b> Administration Route:   <input type="checkbox"/> <u>Intranasal</u></p> <p>Mfg: _____ Lot #: _____ Exp Date: _____</p>	<p>Nurse Signature: _____ Date: _____      Entry Clerk Initial: _____ Date: _____</p>

PUBLIC      \$PRIVATE\$

VHN Code: \_\_\_\_\_