

2021-2022 SEASONAL INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2021-2022 seasonal influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: _____ City _____

Student's Name (Last, First, Middle initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Birthdate Month _____ Day _____ Year _____		Student's Age	School Grade	Parent/Guardian Daytime Phone Number () _____	
Home Address		P. O. Box	City	County	State Zip Code
Parent/Guardian's Name			Okay to share the seasonal influenza immunization data with the Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please answer the following questions (circle Yes or No):

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement (VIS) for the 2021-2022 seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Signature **X** _____ Date _____

BILLING INFORMATION

_____ Medicare Part B _____ Medicaid _____ GLHP/Senior Preferred _____ School Insurance

_____ Private Pay _____ Other Insurance

Insurance Name: _____ Subscriber/Member ID Number: _____

Group Number: _____ Relationship to Insured: _____ Self _____ Spouse _____ Child _____ Other

FOR OFFICE USE	VIS date: 8/6/21
Clinic/Office Address _____ LaFarge Area Schools _____	
2021-2022 Seasonal Flu: Route (circle one) = IM Body site (circle one) = RD or LD Dose (circle one): 1 or 2	
Manufacturer _____ Lot No. _____	
Signature and title of person administering vaccine: _____	
Date vaccine administered: _____	