**Annual Influenza Vaccine Consent Form-FLU SHOT**

**Section 1: Information about Child to Receive Vaccine (please print)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 /O** |
| **ADDRESS** | | | | | **PARENT/GUARDIAN DAYTIME PHONE NUMBER:** | | |
| **CITY** | **STATE** | | **ZIP** | |
| **Student’s Doctor’s Name (Last, First) Address City Zip** | | | | | | | |
| **SCHOOL 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? | ⁭ | ⁭ |
| 2. Does your child have any other serious allergies? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ⁭ | ⁭ |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine? | ⁭ | ⁭ |
| 4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | ⁭ | ⁭ |

**Section 3: Consent**

**CONSENT FOR CHILD’S VACCINATION:**

I have read or had explained to me the 2021-2022 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

⁭ **I GIVE CONSENT** to the WPS School Based Health Center 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)

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: month\_\_\_\_\_\_day\_\_\_\_\_\_year\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Vaccination Record**

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Route** | **Date Dose Administered** | **Vaccine Manufacturer** | **Lot Number** | **Name and Title of Vaccine Administrator** |
| Influenza | ⁭ IM | / / |  |  |  |