

**NEW HAMPSHIRE SCHOOL (K- 12)**  
**VACCINATION CONSENT FORM**  
**2020-2021 SEASONAL INFLUENZA VACCINATION**



Partnership for  
Public Health

**SECTION 1: STUDENT INFORMATION**

School Name	School Town		Grade	Teacher/Homeroom
Student Name (Last)	(First)	(M.I.)	Student Date of Birth Month ____ Day ____ Year ____	
Town	State	Zip	Student Age	
Parent/Legal Guardian's Name (please print)			Parent/Guardian Daytime Phone Number	

**Does your child have OPEN Medicaid with one of the following companies:**  
 Well Sense, Ambetter, NH Healthy Families, Anthem, Harvard Pilgrim, AmeriHealth Caritas or Minute Man Health?  
 Yes \_\_\_\_ No \_\_\_\_

**Do you want a copy of this form sent to your child's Primary Health Care Provider?**  
☐ YES, send to my child's health care provider (Fill out information in this section)  
☐ NO, do not send to my child's health care provider (DO NOT fill out this section)  
 Name of the Primary Health Care Practice: \_\_\_\_\_  
 Practice Phone Number: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 Practice City: \_\_\_\_\_ Practice Zip Code: \_\_\_\_\_  
 Name of Primary Health Care Provider: \_\_\_\_\_

**SECTION 2: SCREENING QUESTIONS**

Please answer the following questions, to help keep your child safe. If you answer "yes" to any of the questions, please contact your child's medical provider to discuss other ways to receive the vaccine.	YES	NO
1. Does your child have a serious allergy to eggs or any component of the influenza vaccine?		
2. Has your child ever had a severe life-threatening reaction after a dose of the influenza vaccine or been told to not get the influenza vaccine by a healthcare provider?		
3. Has your child ever had Guillain-Barré Syndrome (an autoimmune neurological condition that results in sudden muscle weakness)?		

**SECTION 3: CONSENT FOR MY CHILD'S VACCINATION IN SCHOOL**

I have reviewed the Influenza Vaccine Information Statement available at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf> (English version); [https://www.immunize.org/vis/vis\\_flu\\_inactive.asp](https://www.immunize.org/vis/vis_flu_inactive.asp) (link to other languages).

By signing below, I am giving permission for my child to be vaccinated against influenza at the school clinic.

**Yes, I do want my child, named above, to receive the influenza vaccine at school.**

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

**SECTION 4: ADMINISTRATIVE (INTERNAL) USE ONLY. Vaccine administrator must complete all sections.**

**BEFORE vaccinating check that you have completed the following (check to confirm done):**

☐ Child Not Vaccinated

Reason: \_\_\_\_\_

☐ I have asked the student if they are feeling sick or unwell today

☐ I have reviewed this entire form including the screening questions

Publication date on Vaccine Information Statement (VIS): \_\_\_\_\_

Provider Name: Partnership for Public Health			Provider Address: 67 Water St. Suite 105 Laconia NH 03246	
Name and Title of Vaccine Administrator:			Signature of Vaccine Administrator:	
Vaccine	Manufacturer	Lot Number	Route	Admin Date
			<input type="checkbox"/> IM L Deltoid <input type="checkbox"/> IM R Deltoid <input type="checkbox"/> Other _____	/ /

After vaccination this form was reviewed by: \_\_\_\_\_

Please sign and return both white and yellow copies of the form to the school.

(ONLY return if you want your child to receive the flu vaccine at school)

The yellow form will be sent home with the vaccine administration information completed the day of the clinic.

Dear Parent/Guardian:

Influenza (flu) is a viral infection that can lead to serious illness and can be easily spread from person to person. A yearly flu vaccine is the best way to prevent the flu and its complications; the vaccine not only protects your child, but also protects other members of your family and the local community and saves children's lives. Per the Centers for Disease Control and Prevention (CDC), studies have shown that even if the vaccine fails to prevent the flu, it may still make the illness less serious and it can lower the risk of a child dying from the flu. Please see the following, <https://www.cdc.gov/flu/prevent/vaccine-benefits.htm>, for more information about the benefits of the flu vaccine.

To improve flu vaccination rates and provide easy immunization access for your child, the New Hampshire Department of Health and Human Services and your local Public Health Region have partnered with your child's school to offer the flu vaccine through a school-based flu vaccine clinic.

Please take a moment to read the Influenza (Flu) Vaccine Information Statement (VIS) at [https://www.immunize.org/vis/vis\\_flu\\_inactive.asp](https://www.immunize.org/vis/vis_flu_inactive.asp). The VIS is from the Centers for Disease Control and Prevention (CDC) and explains the benefits and possible risks of the flu vaccine.

If you choose to have your child receive the flu vaccine at the school-based clinic, please review all the following information, fill in the information on the back side of this form, sign the bottom of the form to allow your child to receive the flu vaccine through the school-based flu clinic and return both copies of the form to the school. On the day of the clinic, trained staff will give your child a single dose of the flu vaccine and will write on this form that your child received the flu vaccine. Your child will then bring home the yellow copy of the form.

The flu vaccine is very safe. You and your child cannot get a flu infection from the vaccine. As with any vaccine, however, there is a chance of some side effects. Most reactions to the vaccine are mild and include soreness, swelling, or redness at the site. Your child may also experience a low-grade fever or body aches. These symptoms are short-lasting and should go away on their own.

More serious side effects, such as a severe allergic reaction, are possible but very rare. Please see the VIS for more information about potential side effects and risk of a vaccine reaction. Clinic staff are trained to recognize emergencies and ensure your child has appropriate medical care if a more serious reaction occurs. Children are watched immediately following vaccination to help ensure their safety. If you are concerned that your child is having a reaction, you should call your child's medical provider or dial 911 for more serious life-threatening reactions.

**Please be aware that if your child is 8 years old or younger and has not received at least two doses of flu vaccine in previous flu seasons, you are recommended to follow up with your child's medical provider to determine if they should receive a second flu vaccine dose during this flu season.**

The information on this form will be kept confidential. The school health office and your child's medical care provider may also keep records (if you provide medical care provider information). Thank you for working with us to help keep your child and community safe and healthy.