**2021 Influenza “Flu” Vaccine School-Based Clinic Consent Form**

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| --- |
| **ALL QUESTIONS MUST BE ANSWERED. IF YOU DO NOT COMPLETE THIS FORM & RETURN IT TO SCHOOL, YOUR CHILD WILL NOT BE VACCINATED.** |

**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\_\_\_\_\_\_\_\_\_\_\_** | |
| STREET ADDRESS | | | | **STUDENT’S AGE** | **STUDENT’S GENDER**  **M / F** |
| CITY | STATE | ZIP | | **PARENT/GUARDIAN DAYTIME PHONE NUMBER** | |
| **SCHOOL NAME/GRADE/TEACHER:**  **IS THE STUDENT:**  ** INSURED  UNINSURED  MEDICAID (#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  **SEE NOTE----------------🡪** | | | | **PLEASE PROVIDE A COPY OF INSURANCE CARD FRONT AND BACK. YOU WILL NOT BE BILLED FOR ANY UNPAID CHARGES. THIS WILL HELP US TO CONTINUE THE STAY WELL IN SCHOOL PROGRAM.** | |

**PLEASE RETURN TO SCHOOL! ONLY RETURN FORM IF YOU WANT YOUR CHILD TO BE VACCINATED!**

**SECTION 2: SCREENING FOR VACCINE ELIGIBILITYY**

***The following questions will help us to know if your child can get the 2021 influenza vaccine. Please mark YES or NO for each question.*** The vaccine is available in injectable form only (the flu shot). **Please call the Health Department with any questions (573) 883-7411.**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. Has your child ever received a flu vaccine in the past? | ⁭ | ⁭ |
| 1. Does your child have a serious allergy to eggs? | ⁭ | ⁭ |
| 1. Does your child have any other serious allergies? Please list: | ⁭ | ⁭ |
| 1. Has your child ever had a serious reaction to a previous dose of flu vaccine? | ⁭ | ⁭ |
| 1. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | ⁭ | ⁭ |
| 1. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)? | ⁭ | ⁭ |
| 1. Does your child have a serious medical condition? | ⁭ | ⁭ |
| 1. Is your daughter pregnant or is there a chance she could be pregnant with in the next month? | ⁭ | ⁭ |

**---- SIGN BELOW: VACCINATION WILL NOT BE GIVEN WITHOUT PARENT/LEGAL GUARDIAN’S SIGNATURE ---**

**SECTION 3: CONSENT FOR CHILD’S VACCINATIONN**

**I GIVE CONSENT** to the Ste Genevieve County Health Department Public Health and its staff for my child named on this form to be vaccinated with the 2021 influenza vaccine. The Vaccine Information can be found on <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>. I have read or had explained to me the 2021-2022 Vaccine Information Statement for the 2021 influenza vaccine and understand the risks and benefits.

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

**SECTION 4: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLYY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date Dose Administered** | **Route** | **Dosage** | **VIS Given** | **Vaccine Manufacturer** | **Lot Number** | **Name and Title of Vaccine Administrator** |
| 2021 influenza | / / | ⁭ IM RD LD | ⁭ 0.5 cc | ⁭ TIV |  |  |  |