



Child's Name _____ DOB _____
Parent/Guardian _____
Mailing Address _____
Phone Number _____ Insurance _____
PCP _____ Allergies _____

We are holding a flu shot clinic at your school this year on November 3rd and 5th. Your child will be offered to be immunized with the Flulaval quadrivalent vaccine this year. Flulaval quadrivalent is for injectable suspension. It's indicated for active immunization for the prevention of disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. Unfortunately, we won't be able to offer Flumist this year as we have a limited supply. If you would like to receive Flumist please schedule an appointment with your provider.

Flulaval vaccine is **NOT** recommended for the following people:

1. Children who are allergic to eggs.
2. Children who have ever had Guillian-Barré Syndrome.
3. If you have had an allergic reaction after a previous dose of the influenza vaccine.

I have been given the Vaccine Information Sheet (VIS) and have read the above information about Flulaval. I understand the benefits and risks of Flulaval and request the vaccine be given.

Parent/Guardian Signature

Date