Walk-in Care FOR SCHOOLS

FLU VACCINATION CONSENT 2022-2023 SCHOOL YEAR

KING'S DAUGHTERS

Please read carefully: King's Daughters ("KDMC", "we" or "us") will have influenza ("flu") vaccinations available at the school listed below during the fall. **In order to receive a flu vaccination, student must have a separate consent for services form on file at school, completed and signed by student's parent or legal guardian.** Please sign below as parent/guardian if you give permission to King's Daughters to administer the flu vaccination to student.

1. STUDENT INFORMATION

Today's date: ____/____/____

School district: ______________________ School location: ______________________

Student name: ______________________ Gender: ❑ Male ❑ Female Date of birth: ____/____/____

Does the student have allergies to food, medications or environmental pollens?....❑ Yes ❑ No

If yes, please list: ______________________

Is the student in foster care? ....❑ Yes ❑ No

If yes, please provide the name of the social worker and the agency: ______________________

2. FLU VACCINE DELIVERY

Please read and initial the description below.

________ Flu injection
initial

DESCRIPTION OF VACCINE

- The **flu injection** is given in the muscle and not recommended for individuals with severe allergies, allergies to **eggs/gelatin/antibiotics**, or a history of Guillain-Barre Syndrome.

Has student ever received a flu vaccine in the past?...❑ Yes ❑ No If yes, please indicate number of doses:________

Clinic/pharmacy name(s) of where provided: ______________________

Did student receive a dose of flu vaccine in: ____________________ ?..............❑ Yes ❑ No
indicate school year

3. CONSENT AND PERMISSION

By my signature below, I certify that I have read and understand the influenza vaccination information form that was provided to me as well as the above description of the vaccine type. By my signature below, I further certify that I give my consent for student to receive a flu vaccination as indicated above and agree that the information provided herein is true and accurate to the best of my knowledge.

Parent/legal guardian (printed): ______________________ Date: ________ Time: ________

Parent/legal guardian signature: ______________________

OFFICE USE ONLY

Lot #: ______________ Exp. date: ______________ Manufacture: ______________

VS (T): ______________ (P): ______________

Provider initials: ______________________ Date: ________ Time: ________