Child & Family Agency of Southeastern Connecticut, Inc.

Get your Flu Vaccine at the Child & Family Agency SBHC!

The 2023-24 Influenza Vaccine is available for all students through the School Based Health Center (SBHC). Students must be enrolled in the SBHC in order to get the flu vaccine or any medical care. For any questions, please call the Child & Family Agency SBHC program office: 860-437-4550. **Please complete this form and return to the School Based Health Center or school nurse if you would like your child to receive the flu vaccine.**

Would you rather complete these forms online? Please go to:

SBHC Registration Form

Flu Vaccine Consent Form

Child's Name: _____ *Date of Birth:* _____

School: _____ *Grade:* _____ *Homeroom:* _____

Parent/Guardian Phone Number: _____ *Primary Care Provider:*_____

_____ I want the SBHC nurse practitioner to give my child the flu vaccine. I would like my child to receive:

_____ **the injectable/shot (inactivated) flu vaccine**

_____ **the nasal spray (live) flu vaccine**

*****If you would like to be present for your child's vaccine, please call 860-437-4550 to set an appointment. Otherwise, a time will be set to give the vaccine during the school day without a parent present.

Health Questions:

Does your child have asthma or had wheezing in the last 12 months? Yes___ No___

Is your child allergic to eggs? Yes___ No___

Has your child ever had Guillain-Barre syndrome? Yes___ No___

Is there anyone in the household who has a poor immune system? Yes___ No___

Has your child ever had a flu shot before? Yes ___No___ *****

*******If your child is less than 9 years old and never had a flu vaccine, 2 doses are needed a month apart.*

Has your child ever had a bad reaction to a flu shot? Yes___ No___

Injected (inactivated): https://www.immunize.org/vis/flu_inactive.pdf
Nasal (live): https://www.immunize.org/vis/flu_live.pdf

"I have read or have had explained to me the information about the influenza vaccine from the Vaccine Information Statement (VIS). I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request".

_____ _____ _____

Parent/Guardian Name (PRINT) Parent/Guardian Signature Date