SCHOOL: _____ **IMMUNIZATION VACCINATION CONSENT FORM** TEACHER: _____

GRADE: _____ AGE: _____

PLEASE PRINT

Last Name: _____ First Name: _____ DOB: _____

Address: _____ Zip Code: _____ Race: _____ Sex: (M/F)

Home Phone: _____ Cell Phone: _____ Emergency Contact No. _____

Parent/Guardian Name: _____ Relationship: _____

Please answer YES/NO to ALL questions below for the student receiving the vaccine	**YES**	**NO**
Received a vaccine in the past 30 days? If yes, name & date of vaccine:		
Have any known ALLERGIES? If YES, LIST:		
Have ASTHMA?		
Have Chronic Heart Disease___ Kidney Disease___ Diabetes ___ Blood Disease ___		
Ever had a reaction to an injection? If yes, DESCRIBE:		
ALLERGIC to vaccine components, i.e. eggs, gentamicin sulfate, MSG?		
Pregnant or breast feeding?		
On long-term ASPIRIN therapy?		
Have a disease such as Cancer, Lupus, HIV/AIDS, or take any medications that impairs immune system?		
Have close contact with anyone who has had bone marrow transplant in the last 6 months?		
Ever received FLU vaccine before?		

MUST READ/SIGN THE CONSENT FOR THE FLU INJECTION SECTION BELOW FOR YOUR CHILD

____ FLU INJECTION: Influenza A & B Vaccine contains only NON-INFECTIOUS (dead) virus, it CANNOTT cause the flu. Occasional cases of respiratory disease following vaccination represent coincidental illness unrelated to influenza vaccine. You should not take this vaccine if you are allergic to chicken eggs or thimersoal (found in contact solution). If you have a possible allergy to latex or if you have a history of reactions to other vaccines, you should not take the vaccine without first checking with your physician. If you have a past history of Gillian Barre Syndrome, you should not take the vaccine. If you are pregnant you must provide a signed physician's release from your OBGYN giving permission for the vaccine to be given. Side effects of the vaccine are generally minor in adults and occur at low frequency, but at younger ages side effects may be more common. Local reactions to the vaccine are tenderness, redness, and hardness at the injection site lasting 1-2 days. These reactions occur in 1/3 of vaccines. If you have an acute febrile illness you should not take the vaccine until your symptoms subside. However, illness with or without fever should not prevent anyone from taking the vaccine. I request and voluntarily consent that the vaccine be given to me (or the person named above for whom I am parent or legal guardian, and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release Campbell County Board of Education, its affiliates, employees, agents and directors from any and all liability arising from any incident, as a result from receiving this vaccination.

_____ _____

Parent Signature **Date**

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OFFICE USE ONLY

INJECTION: ____ RT. DELT. ____ LT. DELT. _____ EXP. DATE _____ LOT # _____ SIGNATURE

INJECTION: ____ RT. DELT. ____ LT. DELT. _____ EXP. DATE _____ LOT # _____ SIGNATURE