Annual Influenza Vaccine Consent Form-FLU SHOT

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	STUDENT'S DATE OF BIRTH	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP		
STUDENT'S DOCTOR'S NAME (Last, First)	Address		City	Zip
SCHOOL NAME			GRADE	

Section 2: Screening for Vaccine Eligibility

Was your child vaccinated with the seasonal influenza vaccine after July 1, 2010? YES ☐ NO ☐

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.
Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	☐	☐
2. Does your child have any other serious allergies? Please list: ______________________	☐	☐
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read the 8/6/2021 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.
I GIVE CONSENT to INTEGRATED HEALTH SERVICES, INC and its staff to vaccinate my child with this vaccine.

Signature: ______________________________ Date: ____________________

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route/Site	Vaccine Manufacturer	Lot Number	Expiration Date	Name and Title of Vaccine Administrator	Date Dose Administered
	IM RD LD					