

2025- 2026 Child Flu Insurance and Consent Information Form

Information about the person to receive vaccine (please print): *Required Fields

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month Day Year		Male Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
			()

Insurance Information: *Include the whole member ID number and any letters that are part of that number. A copy of all insurance cards can replace this section.*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)

SUBSCRIBER INFORMATION (Person who carries the insurance for the child): Must be completed

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	_____ Month Day Year	Male Female
Subscriber's Street Address: * <i>(If different from address above)</i>		
City:*	State:*	Zip: *
		Phone:*
		()
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

Consent questions:

Please check:

1. My child has had no negative reaction to a previous dose of flu vaccine _____
2. My child is not allergic to eggs, gentamicin, neomycin, polymixin or gelatin or any component of the flu vaccine. _____
3. The vaccine will not be given if my child has a fever or is moderately ill _____
4. My child has not had Guillain Barre syndrome _____

I give permission for vaccine administration and for my insurance company to be billed

X _____ Date: _____
 (Signature of patient, parent or legal guardian)

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible: Please check one:

Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)

Does not have health insurance

Is American Indian (Native American) or Alaska Native

Is not VFC-eligible:

Has private health insurance.

Provider Name: Milford Regional Medical Center

Provider Address: 14 Prospect Street Milford, MA 01757

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PLEASE READ:

Your child's shot information will be entered into the Massachusetts Immunization Information System(MIIS) as required by Massachusetts General Laws Ch. 111, section 24M. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time. For more information, contact Jenna Callahan, FNP-C at the School Based Health Center: 508-529-7758 ext 3711.

For Clinic/Office Use Only:

Signature of Vaccine Administrator (on file): _____

Date of Service	Vax Type	Vaccine Mfgr	Lot No (10)	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route	Injection Site (Circle)	Date On VIS	Date VIS Given
	FluLaval		4D255	6/27/26	0.5	Yes	Yes	IM	R Arm L Arm		

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Provide Address:____14 Prospect Street Milford, MA 01757
