

**Consent for Seasonal Flu Vaccination**

Dear Parent / Guardian;

Please complete this form if you want your child to receive seasonal flu vaccine. Parents/guardians or authorized adult must be present at the time of vaccine administration.

Child's Last Name:	Child's First Name:	Age:	Grade:
Address:	<b>Home Phone:</b> <b>Cell Phone:</b> <b>Work Phone:</b>	Date of Birth:	
Teacher:	<b>Has your child ever had a flu vaccine before?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<b>Did they receive only one dose of flu vaccine the first time they had the flu vaccine?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

***For maximum protection against influenza the Centers for Disease Control (CDC) recommends that children under 8 years old, who are getting seasonal influenza vaccine for the first time, receive a second dose in 4 weeks.***

If you answer **YES to ANY** of the questions below, your child is **NOT eligible** to receive the seasonal flu vaccine at this site. Please take your child to their health care provider.

If you answer **NO to ALL** of the questions and would like your child to receive the seasonal flu vaccine, please sign below.

1. Is your child sick today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does your child have an allergy to egg products, thimerosal, neomycin, polymyxin B, kanamycin, gentamicin, formaldehyde, gelatin, arginine, sucrose or other vaccine components?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has your child ever had a serious reaction to an influenza vaccine in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Does your child have a history of Guillian-Barre syndrome?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Flu Vaccine cannot be administered to any child who is ill on the day of the vaccination clinic.**

Statement of Consent:

I have received and read the Vaccine Information Statement (VIS) about the seasonal flu vaccine. I have had a chance to ask questions about the vaccine. I understand that this vaccine is approved for healthy children and have reviewed the reasons some children should not get the seasonal flu vaccine. None of these reasons apply to my child. I agree to have my child vaccinated with the seasonal flu vaccine.

Name of parent / guardian: \_\_\_\_\_ Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \* Office Use Only \* \* \* \* \*

Vaccine	Mfgr/ Lot #	Exp. date	Dose/ Route	VIS Date
1 <sup>st</sup> dose <b>Influenza</b>				
2 <sup>nd</sup> dose <b>Influenza</b>				

<b>2<sup>nd</sup> Dose Required:</b> if less than 8 years old	Yes	No
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1<sup>st</sup> Vaccine administered by: \_\_\_\_\_ Date: \_\_\_\_\_ 2<sup>nd</sup> Vaccine administered by: \_\_\_\_\_ Date: \_\_\_\_\_