



2019-20 School Based Influenza
Vaccine Consent Form
Trentlen County Health Department

AEGIS # _____
Clerk Initials: _____

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

STUDENT'S NAME (Last)	(First)	(M.I.)	SCHOOL NAME:	
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)	STUDENT'S AGE	GENDER: M / F	TEACHER	GRADE
ETHNICITY <i>(Please Circle)</i> Not Hispanic/Latino Hispanic Latino	RACE <i>(Please Circle)</i> African American, White, Hispanic or Latino, American Indian, Asian, Alaska Native, Native Hawaiian, Other Pacific		PARENT/ LEGAL GUARDIAN'S NAME	
HOME ADDRESS			PARENTAL/ GUARDIAN PHONE NUMBER(S)	
CITY	STATE	ZIP CODE	PARENTAL/ GUARDIAN E-MAIL	
INSURANCE INFORMATION: Do you have Insurance that covers vaccines? <input type="checkbox"/> Yes / <input type="checkbox"/> No Please check health insurance provider below: <input type="checkbox"/> Aetna <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> PeachCare <input type="checkbox"/> Other _____ <input type="checkbox"/> Cigna <input type="checkbox"/> United Healthcare			Provide the insurance information for the provider selected & attach a copy of the insurance card to this form Policy Holder Name _____ Group# _____ Member ID # _____	

Section 2: Medical Information: *The following questions will help us to determine if this student can receive the influenza vaccine.*

**Please circle Yes or No for each question.*

1. Has the student received any vaccines in the last four weeks? If yes, please list:	Yes	No
2. When was the student last vaccinated for flu?	DATE:	
3. Has the student ever had a serious reaction to eggs?	Yes	No
4. Has the student ever had a serious reaction to any influenza vaccine?	Yes	No
5. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No

Section 3: Consent: *The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.*

I GIVE CONSENT to the **TREUTLEN COUNTY HEALTH DEPARTMENT** for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines and the NOTICE of PRIVACY POLICY FORM. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the intranasal or injectable influenza vaccine.

Signature of Parent/Legal Guardian: _____ *Date:* _____

FOR CLINIC USE ONLY

Inactivated Influenza Vaccines (IIV) <input type="checkbox"/> Quadrivalent (IIV ₄) Adm Route: IM LA / RA	LABEL HERE	VIS Date: 08/15/19	Signature of Nurse: _____ Date: _____
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