

**Annual Influenza Vaccine Consent Form (INJECTION)**

<b>STUDENT'S NAME</b>		<b>AGE:</b>	<b>Date Of Birth:</b>
<b>PARENT/LEGAL GUARDIAN'S NAME :</b>	<b>Parent/Guardian's Daytime Phone #:</b>	<b>Grade:</b>	
<b>NAME OF PRIMARY CARE PHYSICIAN:</b>			

The State of VT provides the Flu Vaccine for our school flu clinics. They require the following information in order to provide the vaccines. Is the federally vaccine-eligible child: **(Circle One)**

1. An American Indian or Alaskan Native?: **Yes No**
2. Enrolled in Medicaid?: **Yes No**
3. Insured (other than Medicaid)?: **Yes No**
4. Not covered by health insurance?: **Yes No**
5. Underinsured (has health insurance, but the coverage does not include vaccines)?: **Yes No**

**Screening for Vaccine Eligibility:**

<b>The following four questions will help us to know if your child can get the influenza vaccine. If you answer "YES" to one or more of the following questions, your child may be able to get the influenza vaccine, but we will contact you to discuss your options.</b>	<b>YES</b>	<b>NO</b>
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

**CONSENT FOR VACCINATION:**

I have read or had explained to me the 2019-2020 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

**I give consent to UPPER VALLEY PEDIATRICS and its staff for my student named above to be vaccinated with seasonal flu vaccine at Thetford Academy. (If this consent form is not signed your child will not be vaccinated.)**

Signature of Parent/Legal Guardian \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vaccination Record:**

**FOR ADMINISTRATIVE USE ONLY**

<b>Vaccine</b>	<b>Route</b>	<b>Date Administered</b>	<b>Vaccine Manufacturer</b>	<b>Lot Number</b>	<b>Name and Title of Vaccine Administrator</b>
Influenza	<input type="checkbox"/> IM <input type="checkbox"/>	10/15//2020	Sanofi Pasteur		

