**Thetford Academy School Students** Flu Vaccine Consent Form 2024 \* Pediatrics Vaccine \*

|  |  |
| --- | --- |
| Patient’s Name |  |
| Patient’s DOB |  |
| (Circle One) | Male Female |
| Mailing Address |  |
| City, State, Zip Code |  |
| Phone Number |  |
| Parent/Guardian Name: |  |
| Insurance Name |  |
| Insurance ID # |  |
| Insurance Group |  |
| Insurance Address |  |
| Subscriber Name |  |
| Subscriber DOB |  |

The state of Vermont provides the Flu Vaccine for our flu clinics. They require the following information for vaccine eligibility, (MUST CHECK ONE). Insurance billing for admin of the vaccine by Upper Valley Pediatrics.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| An American Indian or Alaskan Native? |  |  |
| Enrolled in Medicaid? |  |  |
| Insured (Other than Medicaid)? |  |  |
| No Insurance |  |  |
| Underinsured (has health insurance, but the coverage does not include vaccines)? |  |  |

|  |  |  |
| --- | --- | --- |
| The following 4 questions will help us to know if you can get the influenza vaccine: | Yes | No |
| 1. Do you have a serious allergy to eggs |  |  |
| 1. Do you have any other serious allergies? Please List: |  |  |
| 1. Have you ever had a serious reaction to a previous dose of flu vaccine? |  |  |
| 1. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? |  |  |

**Consent for Vaccination:**

I have read or had explained to me the current (8/6/21 version) (VIS) Vaccine Information Statement for the season influenza vaccine and understand the risks and benefits. I give consent to Upper Valley Pediatrics staff or school nurse to give the influenza vaccine. (If this form is not signed, you will not be vaccinated.)

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

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vaccine | Vaccine Manufacturer | Date Administered | Lot Number  Exp Date | Route | Name of Administrator |
| Influenza Vaccine | Sanofi  Fluzone | **10/10/24** | UT8408NA Exp 06/2025 | Left Right | Dr Rebecca Yukica, DO Melissa Magoon, LPN |