**Annual Influenza Vaccine Consent Form- 2016**

 **Section 1: Information on Student to receive vaccine: (please print)**

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| --- | --- | --- | --- | --- |
| **STUDENT’S NAME** (Last) | (First) | (M.I.) | **DATE OF BIRTH** | AGE: |
| **PARENT/LEGAL GUARDIAN’S NAME** : |  | **GRADE:****ADVISOR:**  |
| **ADDRESS** | **PARENT/GUARDIAN DAYTIME PHONE #:** |  |
| **CITY** | **STATE****ZIP** |  |  |
| **PHYSICIAN’s NAME:****Address City Zip**  |
| **HEALTH INSURANCE COMPANY NAME:** |
| **FOR VERMONT IMMUNIZATION PROGRAM DATA:****ETHNICITY: \_\_\_\_\_ Hispanic or Latino: RACE: \_\_\_\_ White** **\_\_\_\_\_\_Not Hispanic or Latino \_\_\_\_ Black/African American** **\_\_\_\_\_\_Prefer not to answer \_\_\_\_ Asian** **\_\_\_\_\_American Indian/Alaska Native** **\_\_\_\_\_Native Hawaiian/Pacific Islander**  **\_\_\_\_\_Prefer Not to Answer****PREFERRED LANGUAGE: \_\_\_\_\_ENGLISH** **\_\_\_\_\_Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SCHOOL:****THETFORD ACADEMY** |  |  |  |  |

**CONSENT FOR VACCINATION:**

1. I have read or had explained to me the Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits. (NOTE: the document was sent with this consent form and is also on the TA website)

2. **I Give Consent** to THETFORD ACADEMY/UPPER VALLEY PEDIATRICS and its staff for my student to be vaccinated with seasonal flu vaccine at school. **(If this consent form is not signed your student will not be vaccinated.)**

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

**FOR ADMINISTRATIVE USE ONLY:**

**Section 5: Vaccination Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine**INFLUENZA | **Route****IM** | **Date Dose Administered** | **Vaccine Manufacturer** | **Lot Number** | **Signature and Title of Vaccine Administrator** |
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