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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT’S NAME** |  |  | **AGE:** | **Date Of Birth:** |
| **PARENT/LEGAL GUARDIAN’S NAME :** | **Parent/Guardian’s Daytime Phone #:** |  | **Grade:** |  |
| **NAME of PRIMARY CARE PHYSICIAN:** |  |  |  |  |

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:**

|  |  |  |
| --- | --- | --- |
| **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. | **YES** | **NO** |
| 1. Does your child have a serious allergy to eggs? | ⁭ | ⁭ |
| 2. Does your child have any other serious allergies? Please list: | ⁭ | ⁭ |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine? | ⁭ | ⁭ |
| 4. Has your child ever had Guillain-Barré 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 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Route** | **Date Administered** | **Vaccine Manufacturer** | **Lot Number** | **Name and Title of Vaccine Administrator** |
| Influenza | ⁭ IM ⁭ | 10/24/2019 | Sanofi Pasteur | UJ231AB |  |