

FREE Flu Vaccines

Marinette County Public Health will be at **Crivitz Schools** on **Tuesday, October 21st, 2025**, offering the injectable flu vaccine to students.

- The flu vaccine is FREE to all students ages 3 years and older.
- All students are eligible and no insurance information is needed.
- The flu vaccine is the best way to reduce the chances of getting the flu and spreading it.

Please return the flu vaccine consent form to school by **Tuesday, October 14, 2025**.

FLU VACCINE CONSENT FORM

- **If you do not want your child to receive the vaccine, STOP. DO NOT complete the form and DO NOT turn it in.**
- **For your child to receive injectable flu vaccine: Fill out Sections 1, 2 & 3 and return form to school.**

Section 1

Child's Name (Last, First, Middle Initial)			Male Female
Date of Birth	Age	Parent/Guardian Name	Telephone Number
Address	City	State	Zip
Does your child have one? <input type="checkbox"/> Badger Care/Medicaid/Forward Health <input type="checkbox"/> Private Insurance/Vaccines Covered <input type="checkbox"/> Private Insurance/Vaccines Not Covered <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Native American			
Teacher			Grade

Section 2

Please Circle One

Does the child have an allergy to a component of the vaccine?	YES	NO
Has the child ever had a serious reaction to influenza vaccine in the past?	YES	NO
Has the child ever had Guillain-Barre Syndrome?	YES	NO
I give permission for Public Health staff to hold the child's hand if necessary. I understand that if the child is unwilling to sit still, I will receive a call so an appointment can be made at Public Health or an alternative location.	YES	NO
Comments:		

RN screened ____

Section 3

CONSENT FOR VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for influenza vaccine (www.immunize.org/vis). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine(s) requested and ask

that the influenza vaccine be given to the person named above for whom I am authorized to make this request. The Marinette County Health Department will bill Medical Assistance/BadgerCare if the child is covered by those programs. I understand that a record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) and with other health care providers directly involved with the vaccinated person's care. This consent form authorizes the administration of multiple doses of a vaccine, if medically indicated. This consent form will expire after the last vaccination is given in a vaccine series.

Signature: _____ **Date:** _____

FOR OFFICE USE:

Is the child well today? YES NO

IM site: RD LD

FLULAVAL GSK Lot# 4D255

Exp. 6/27/2026

RN Signature: _____ **Date:** _____

VIS date: 1/31/2025

Marco Entry: _____ **Date:** _____

Booster Needed? YES / NO If yes, parent notified: _____

Billed: _____
