

# FREE Flu Vaccines

Marinette County Public Health will be at **Crivitz Schools** on Friday, October 13th 2023 offering the injectable flu vaccine to students.

- The flu vaccine is FREE to all students age 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 **Friday October 6th**.

## 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 Section 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? <input type="checkbox"/> Badger Care <input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Native American Heritage <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Insured, Vaccines Not Covered			
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 my permission for my child to be held during administration of the vaccine if necessary.	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](http://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 the person named above for whom I am authorized to make this request.

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 # J7C77 Exp. 6/30/2023**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
VIS date: 8/06/2021

**WIR Entry:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Booster Needed?** YES / NO If yes, parent notified: \_\_\_\_\_

**Billed:** \_\_\_\_\_