

FLU VACCINE CONSENT FORM

For your child to receive injectable influenza vaccine: Fill out Section 1, 2 & 3 and return form to school

SECTION 1

Student Name (Last, First, Middle initial) please print				Male	Female
Date of Birth	Age	Parent/Guardian Name		Telephone Number ()	
Address		City	County	State	Zip Code
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					
School		Teacher		Grade	

SECTION 2

Please Circle Yes or No

Does the child have any allergies to medications, food, a vaccine component or latex?	YES	NO
List: _____		
Has the child had a serious reaction to a previous dose of flu vaccine?	YES	NO
Has the child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?	YES	NO
Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	YES	NO
I give my permission for my child to be held during administration of the vaccine if necessary.	YES	NO
Other comments:		

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 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 X _____ **Date** _____

FOR OFFICE USE:

Is the child well today? YES NO

VIS date: 8/7/2015

Route IM

Body site RD RV LD LV

Dose 1 2

Manufacturer _____ Lot No: _____

Signature/Title of person administering vaccine _____

Date vaccine administered _____

WIR ENTRY _____ BILLED _____

.....
BOOSTER NEEDED? YES / NO

BOOSTER REMINDER CALL _____ WIR ENTRY _____ BILLED _____

FREE FLU VACCINATIONS

Marinette County Public Health will be at Crivitz School District on October 16th, 2018 offering the injectable flu vaccine to students.

- The Flu vaccine is **FREE** to all students age 3 years and older.
- All students are eligible, no insurance information needed.
- This is a limited time offer only available to children currently enrolled in Marinette County Schools.
- Influenza vaccine is the best way to reduce the chances of getting seasonal influenza and spreading it to others.

**Return the Flu vaccine consent form to school by
October 9th, 2018**



Public Health
Prevent. Promote. Protect.

Marinette County