Healthy Kids Clinic
Toll Free: 844-435-0900

FLU SHOT CONSENT FORM

Only Complete If You Wish For Your Student To Receive An Influenza Vaccine

A District Wide "All Call" Will Be Sent Out To Parents Notifying You Of The School Districts Flu Clinic Dates

Dear Parent/Guardian,

The Healthy Kids Clinic will have influenza (flu) vaccinations available to students during the flu season months. Please sign below if you give permission for your child to receive the flu vaccine on the day our provider and nurse visit your child's school. Please note, the Center for Disease Control (CDC) recommends that children six months and older receive the Influenza vaccine annually.

Student Name: ______________________ Male/Female:_____ Allergies:___________________

School Name: _________________ Homeroom: _______________ Birthdate: _____________

Address:____ Zip Code:_____________

Phone Number:_____________________ Social Security Number:_________________________

Insurance Company:______________ Policy Number:_____________ Group Number:_________

Policy Holder Name: _________________DOB: _____________ Relationship To Patient:______

Address Of Policy Holder If Different Than Patient:______________________________________

Language: ___________ Race: ___________Hispanic/Non-Hispanic: ________________________

Is the Child in Foster Care? YES__NO__If Yes, Name & Number of Social Worker:_________________

- The FLU INJECTION is given in the muscle and <u>not</u> indicated for individuals with severe allergies, allergies to **EGGS/GELATIN/ANTIBIOTICS**, and history of Guillain-Barre Syndrome.

By signing this consent, I as the guardian of the above named student give permission for this student to receive the influenza vaccine given by the Healthy Kids Clinic in the student's school.

Parent/Guardian Name (Printed): ________________________

Parent/Guardian Signature: ______________________________**Date**:____________________

<u>*If Your Child Is Eight Years or Younger, Please See Below*</u>

The CDC recommends that all children between the ages of six months and eight years who are receiving the influenza vaccine for the first time be given a booster dose. If your child is six months through eight years of age and has never received the two-part influenza vaccine series, we can offer that through the Healthy Kids Clinic. By initialing below, you as the parent or guardian give consent for your child to receive the two-part influenza vaccine series.

Please Initial by Vaccine: _________**Two-Part Flu INJECTION**

Office Use Only:

Lot #:_____________ Exp. Date____________ Manufacture______________ Date Given____________

VS: (T)_________ (P)____________ (O2 sat)_______ Nurses Name:____________ Inj. Site:_________