**2016-2017 Influenza Vaccine Consent Form for High School Students**

**INJECTABLE FLU SHOT**



 **Section 1: Information about Child to Receive Vaccine (please print)**

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT’S NAME (Last) | (First) | (M.I.) | STUDENTS DATE OF BIRTHMonth \_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ |
| PARENT/LEGAL GUARDIAN’S NAME (Last)  | (First) | (M.I.) | STUDENT’S AGE STUDENT’S GENDERM / F  |
| ADDRESS | PARENT/GUARDIAN DAYTIME PHONE NUMBER: |
| CITY STATE | ZIP |
| STUDENT’S DOCTOR’S NAME (Last, First) Address City Zip  |
| SCHOOL NAME |  HEALTH TEACHER’S NAME |  GRADE |

 **Section 2: Screening for Vaccine Eligibility**

|  |  |  |
| --- | --- | --- |
| **Please mark YES or NO for Each Question** | **YES** | **NO** |
| 1. Has your child ever had a serious reaction to a previous dose of flu vaccine?
 |  |  |
| 1. Does your child have a serious allergy to any of the vaccine components, eggs or egg products?
 |  |  |
| 1. Does your child have any other serious allergies? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |
| 1. Has your child ever has Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?
 |  |  |
| 1. Is your child moderately or severely ill (if yes, your child should recover before receiving the vaccine)?
 |  |  |

 **Section 3: Consent**

 **CONSENT FOR CHILD’S VACCINATION:**

  I have read the Vaccine Information Statement (VIS) and understand the risks and benefits of the influenza (flu) vaccine.

 **I GIVE CONSENT** to Allina Health and its Wellness Program staff for my child named at the top of this form to be vaccinated with the injectable influenza vaccine.

**IF ANY INFORMATION IS INCOMPLETE ON THE FORM, YOUR CHILD WILL NOT BE GIVEN THE VACCINE,**

**THIS INCLUDES CHECKING THE CONSENT BOXES ABOVE**

 **Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Vaccination Record**

Wellness staff will record vaccination information on the student documentation vaccination form and attach a copy to the consent as well as send a copy home with the student.