VACCINE FOR STUDENTS

Immunization Consent Form and Record

(Please PRINT when completing form)

School ______________________________**Grade:** _______ **Homeroom Teacher's Name:**______________________________

Student Name: First:________________________________ **MI:**______ **Last:**____

Birth date: __________ /__________ /__________ **Sex: (M)** __________ **(F)** __________

Street Address: ____ **Apt #** __________________

City: _______________________________________ **State:** _______ **ZIP Code:** _______________ **County:** __________________

Primary Phone Number: _____________________________ **Secondary Phone number:**__________________________________

Mother's name: ___________________________________ **Father's name:** ____

OR Guardian name: _________________________________ **Relationship:** ____

Indicate Payment Method: **Pay Cash**__________ **Personal Check** __________ **Credit Card**__________

Bill Private Insurance__________ **Guarantor for Student:**________________________________

Relationship to Student:____________________________________

Address (if different from above):____

Guarantor Phone:____ **Guarantor Birthdate:**_________________________

Insurance Company Name:___________________________ **Member ID:** ________________________**Group ID:**_______________

PLEASE CIRCLE YES OR NO TO THE QUESTIONS BELOW:

1. **Is your child allergic to eggs, egg proteins, Gentamycin, latex, gelatin or thimerosal?** **Yes** **No**
2. **Has your child ever had a serious reaction to any vaccine?** **Yes** **No**
3. **Has your child ever had Guillain-Barŕe syndrome?** **Yes** **No**
4. **Does your child have a seizure disorder?**
5. **Does your child have asthma, recurrent or active wheezing or taken medicine for asthma (including inhalers) in the past 12 months?** **Yes** **No**
6. **Is your child under 18 years of age currently receiving aspirin or aspirin containing therapy?** **Yes** **No**
7. **Is your child pregnant or nursing?** **Yes** **No**
8. **Does your child have any diseases (e.g., cancer, lupus, or human immunodeficiency virus [HIV] or acquired immunodeficiency syndrome [AIDS]) or take a medication (e.g., steroids or chemotherapy) that lowers the body's resistance to infection?** **Yes** **No**
9. **Has your child received a vaccine within the past 30 days?** **Yes** **No**
   If yes, please list name of vaccine(s): ____________________________ **Date** __________
10. **Does your child have any of the following long-term health problems? (PLEASE CIRCLE)**
    heart disease **lung disease** **kidney disease** **metabolic diseases (e.g., diabetes)** **other** ___________________
11. **Please let us know if your child has close contact with anyone who has a weakened immune system and must be in a protective environment (eg, an individual who has had a bone marrow transplant). Please describe:**
    ____

NOTE FOR FLU VACCINE ONLY: If you answered YES to questions 1, 2, 3, or 4, your child should NOT receive an influenza vaccine through the school vaccination program. If you answered YES or left blank any of the questions 5 through 11, it is recommended that your child receive an injectable influenza vaccine**.**

Allergies or medical alert: ____

PLEASE READ AND COMPLETE INFORMATION ON BACK

PARENT/GUARDIAN CONSENT:

As the legal parent/guardian I give permission for my child to receive the following vaccine(s): (PLEASE CHECK)

FLU (in season): ________ Injectable Flu vaccine (inactivated)

FLU (Mist): ________ Intranasal Spray

GARDASIL 9: ________ HPV (Human Papillomavirus) A total of 2 doses will be given for those **14 and under**

MMR II: ________ Measles, Mumps, Rubella

MENVEO: ________ Meningococcal "A,C,W,Y" Disease

BEXSERO: ________ Meningococcal "B" Disease

IPOL: ________ Polio

TDAP: ________ Tetanus, Diphtheria, Pertussis/Whooping Cough

VARIVAX: ________ Varicella (Chicken Pox) A total of 2 doses will be given for those **13 and older**

Consent: I have been given the Centers for Disease Control and Prevention Vaccine Information Statements. I have read these documents and have no further questions at this time. I understand the risks and benefits of the vaccines. I request and voluntarily consent that influenza vaccine be given to ________________________________ of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine. I understand that I may cancel this permission at a later date by contacting the school.

Privacy Practices: I acknowledge that Notice of Privacy Practices were made available to me.

Financial Responsibility: I have been notified that my insurance may deny payment entirely or partially for the vaccine or injection. If my insurance denies payment for the entire amount or for a partial amount, I agree to be personally and fully responsible.

Signature of Parent or Legal Guardian: ____

Date: ______________ **Printed name of above**: ____

VACCINE ADMINISTRATOR ONLY:

______FLULAVAL 90688 **_____ FLUMIST 90672**

_______ GARDASIL 9 90651 **_______ Menveo 90734** **_______ BEXSERO 90620**

_______ MMR II 90707 **_______ IPOL 90713** **_______ TDAP 90715**

_______VARIVAX 90716

ADMINISTRATION CODE: _______ INJECTABLE 90471 **_______ Each Additional Shot 90472**

ADMINISTRATION CODE (FLUMIST ONLY): _____ 90473 **ADMINISTRATION CODE (FLUMIST PLUS ADDITIONAL VACCINE): ____ 90474**

FOR CLINIC USE ONLY						
Vaccine	**Date of Service**	**Manufacturer**	**Lot #**	**Site/Route**	Dosage Vol	**VIS Date**
Flu Injectable				LD RD IM	0.5ml	8/7/2015
Flu Intranasal					0.1ml per nasal	8/7/2015
Gardasil 9				LD RD IM	0.5ml	12/2/2016
MMR II				LD RD SC	0.5ml	2/12/2018
Menveo				LD RD IM	0.5ml	3/31/2016
Bexsero				LD RD IM	0.5 ml	8/9/2016
Ipol				LD RD IM	0.5 ml	7/20/2016
Tdap				LD RD IM	0.5ml	2/24/2015
Varivax				LD RD SC	0.5ml	2/12/2018

Signature of Vaccine Administrator:_____________________________________ Signature Date:___________________________

(Rev 7/25/18)