



2023-24 School Year

Annual Influenza Vaccine Consent Form-FLU SHOT

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

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
STUDENT'S DOCTOR'S NAME (Last, First)		Address		City	Zip
SCHOOL NAME					

Section 2: Screening for Vaccine Eligibility

Was your child vaccinated with the seasonal influenza vaccine after July 1, 2023?
 YES NO

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>



Section 3: Consent

CONSENT FOR CHILD’S VACCINATION:

I have read or had explained to me the 2022-2023 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to Sterling Health Care and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then you child will not be vaccinated)

I DO NOT GIVE CONSENT to Sterling Health Care and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian

Date: Month _____ Day _____ Year _____

Section 4: Health Insurance Information

Primary Insurance: _____ ID # _____ Group# _____

Secondary Insurance: _____ ID # _____ Group# _____

Subscriber Name: _____ Subscriber's date of birth _____

Subscriber gender: _____ Subscriber's phone number _____

Address of the subscriber, if different from that of the patient: _____

Subscribing employer: _____

FOR ADMINISTRATIVE USE ONLY

Section 5: Vaccination Record

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	/ /			