



### Flu Shot Permission Form 2017-18

Parental Consent for Flu Shot Administration

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Number: \_\_\_\_\_

Quadrivalent Seasonal Flu vaccines are being offered, in order to receive the vaccine you **must** complete one of the sections below to receive an influenza vaccination.

- ❖ If your child is insured by Private Insurance, please check the box below - the cost is \$15.00 for children

**Private Insurance**

- ❖ Your child qualifies for the Vaccine's for Children Program if one of the insurance plans or other options listed below apply. The cost is \$10.00. Check the appropriate box below.

American Indian/Alaskan Native  Non-Insured  CHIP  Medicaid

Cash or checks, please make out to SLCS.

**Flulaval is recommended for every one 3 years and older.**

If your child has any of the conditions/symptoms listed below, receiving a flu shot at school is inappropriate, and you should contact their physician regarding flu vaccination:

- ✓ A history of a severe allergies to any component of the vaccine, including eggs or egg products, gelatin, Gentamicin, Neomycin or Thimerosal.
- ✓ Moderately or severely ill with a fever of 100° or above
- ✓ History of Guillain-Barre Syndrome

**Flu Shot (Seasonal Influenza Virus Vaccine IM Injection)**

I have read through and understand the information contained on this form and the benefits and risks of the flu vaccination. I request the identified vaccine be given to the person named above. To my knowledge, the student has no conditions that are contraindicated for the vaccine. I certify that the information I provided is true and accurate.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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**CLINIC USE ONLY**

Flu Laval 3 y+ IM .5 ml GSK Lot # \_\_\_\_\_ Arm: R L Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

VIS: \_\_\_\_

VIS Date: 8/7/2015

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**VACCINATION RECEIPT**

Date: \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_

Received from: \_\_\_\_\_ Amount: \_\_\_\_\_

District Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_