

Influenza Vaccine Child Consent Form 2017-2018

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

CHILD'S NAME (Last)	(First)	(M.I.)	CHILD'S DATE OF BIRTH		
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	month day year	CHILD'S AGE	CHILD'S GENDER M F
ADDRESS	PHONE NUMBER		► Insurance/Eligibility Status—Check all that apply ◀ <input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Insured, Vaccines Not Covered <input type="checkbox"/> Badger Care <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid Eligible <input type="checkbox"/> Native American		
CITY	STATE	ZIP			
Primary Medical Provider:					

Section 2: Screening for Vaccine Eligibility

Has your child received at least 2 doses of the flu vaccine before July 1, 2017? YES NO DON'T KNOW

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 Influenza Vaccine Information Statement (8/7/2015) and I understand the risks and benefits.

I GIVE CONSENT to the Pierce County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine and (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) and entry into WIR.

Signature of Parent/Legal Guardian _____ Date: _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Site	Dose # (1st or 2nd)	Vaccine Manufacturer	Lot Number
Influenza a	10/3/2017 10/11/2017	IM	LV RV	1 st Dose	Sanofi Pasteur	Fluzone UT5936JA UI864AA UI810AA
	10/12/2017 10/13/2017			2 nd Dose		Fluzone Pediatric UT5897JA (under 36 mos)
	10/16/2017 10/18/2017		LD RD	Other: _____		
	10/19/2017 10/25/2017					
	10/27/2017 11/02/2017					
Signature and Title of Vaccine Administrator:						