



## 2020 Influenza “Flu” Vaccine School-Based Clinic Consent Form

All questions must be answered. If you do not complete this form and return it to school, your child will not be vaccinated.

### SECTION 1: INFORMATION ABOUT THE CHILD TO RECEIVE VACCINE (PLEASE PRINT)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER
STUDENT'S DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		SCHOOL NAME		GRADE/TEACHER	
DOES THE STUDENT HAVE HEALTH INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Through Medicaid (MO Health Net)				STUDENT NUMBER	
STUDENT'S ADDRESS			CITY	STATE	ZIP
PARENT/GUARDIAN DAYTIME PHONE NUMBER(S):			PARENT/GUARDIAN EMAIL ADDRESS (Optional)		
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)		

### SECTION 2: SCREENING FOR VACCINE ELIGIBILITY

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

### SECTION 3: VACCINE INFORMATION

The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered.

--- SIGN BELOW: VACCINATION WILL NOT BE GIVEN WITHOUT PARENT/LEGAL GUARDIAN'S SIGNATURE ---

### SECTION 4: CONSENT FOR CHILD'S VACCINATION

I UNDERSTAND THE RISKS AND BENEFITS AND GIVE CONSENT to the Columbia/Boone County Department of Public Health and Human Services and its staff for my child named on this form to be vaccinated with the 2020 injectable influenza vaccine (flu shot). I understand that a 2020 Vaccine Information Statement (VIS) will be provided at the time of vaccination, and I can access the VIS at: [www.immunize.org/vis](http://www.immunize.org/vis)

Parent/Legal Guardian Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### SECTION 5: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dosage	VIS Given	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2020 Influenza	___/___/___	<input type="checkbox"/> IM <input type="checkbox"/> RD LD	<input type="checkbox"/> 0.5 cc	<input type="checkbox"/> IIV4 Date: 8/15/19			