

## 2015 – 2016 INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2015-2016 seasonal influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

**SCHOOL:** \_\_\_\_\_

Student's Name (Last, First, Middle Initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Birthdate	Student's Age	School Grade	Parent/Guardian Daytime Phone Number		
Home Address	P.O. Box	City	County	State	Zip Code
Parent/Guardian's Name		Okay to share the seasonal influenza immunization data with the Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please answer the following questions (circle Yes or No):**

1. Does your child have a serious allergy to eggs?	Yes	No
2. Does your child have any other serious allergies? Please list: _____ _____	Yes	No
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	Yes	No
4. Has your child ever had Guillian Barre' syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	Yes	No

### CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement (VIS) for the 2015-2016 seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

**Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE</b>	VIS Date: 8/7/15
Mass Influenza School Clinic	
2015-2016 Seasonal Flu:    Route = IM    Body site (circle one) = RD or LD    Dose: 1 or 2	
Manufacturer: <b>FLUARIX QUADRIVALENT P-FREE</b> Lot No: <b>9JX2N</b>	
Signature and title of person administering vaccine: _____	
Date vaccine administered: _____	