



Consent Form: 2018-2019 Seasonal Influenza (Flu) Vaccine for Students

School: _____ Grade: _____ Teacher: _____

Pinon Public Health Nursing (PHN) Department will be providing school Flu Clinic at your child’s school this upcoming school year 2018-2019. The seasonal flu vaccine is **recommended every year for all students**. Please complete and sign this consent form, for your child to receive the flu vaccine at school. Remember, *only students with a signed consent form will receive a Flu vaccine* at the scheduled school Flu clinic.

REQUIRED INFORMATION ABOUT STUDENT: (Please print clearly)

Last Name: _____ First Name: _____ MI: _____

Birth date: _____ Age: _____ Gender: Male ___ Female ___

Medical record #: _____ Social Security # (last 4 digits) _____

Receives health care at: _____

INFORMATION ABOUT PARENT/GUARDIAN: (Please print clearly)

Parent/guardian: _____ Phone/Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Physical location of home: _____

- 1. Is your child allergic to eggs? **YES NO**
- 2. Has your child ever had Guillain-Barre’ Syndrome or a neurological problem? **YES NO**
- 3. Has your child ever had a serious allergic reaction to any flu vaccine? **YES NO**

Please call Pinon PHN Office at (928) 725-9728, if you have any questions about the school Flu clinic, Flu vaccine or Flu virus.

I certify that I am the parent/legal guardian. I give consent for my child to receive the seasonal Flu vaccine. I have read the Vaccine Information Statement (VIS) attached, which talks about the Flu vaccine and the Flu virus. If needed, I authorize the medical provider to assess my child prior receiving the Flu vaccine. My questions about the benefits and risks of Flu vaccine were answered. I have no additional questions.

Parent/legal guardian: _____ Date: _____

(Use black ink please)