

School Flu Immunization

Consent Form

Return completed form to school.



☐ WIIS ☐ Billing

3629 S D Street, Tacoma WA 98418

PARENT/GUARDIAN: The following questions will help us safely provide flu vaccine to your child. In the United States, all children will receive injectable vaccine (the shot) during the 2016-2017 flu season. Your insurance company will be billed an administration fee for the vaccine. Parents will not receive a bill if insurance does not cover the fee. Children who do not have medical coverage will receive free vaccine. Please call us if you have any question or concerns at 253-798-4428.

| Child's Information | | | |
|--|------------------------------|-----------------|--|
| Last Name: | First Name: | Middle Initial: | Select One: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mailing Address: | City: | State: | Zip Code: |
| Telephone number parent/guardian can be reached: | Student's teacher and grade: | Birth Date: | Age: |
| Parent/Guardian Last Name: | Parent/Guardian First Name: | School Name: | |

| Please complete the following questions | | | |
|---|--|--|--|
| Does your child have a severe allergy to eggs or any influenza vaccine (such as hives or trouble breathing)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child ever had Guillain-Barre' syndrome? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have a weakened immune system because of HIV/AIDS, cancer treatment, high-dose steroids or another disease or medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child have any long-term health problem or condition (such as heart disease, diabetes, kidney disease, blood disease, Downs syndrome, birth defect, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Please tell us about your child's medical coverage (check all that apply) | |
|---|---|
| <input type="checkbox"/> | My child does not have health insurance. |
| <input type="checkbox"/> | My child is underinsured (has health insurance that does not pay for vaccinations). |
| <input type="checkbox"/> | My child is American Indian or Alaska Native. |
| <input type="checkbox"/> | My child has state supported insurance (Medicaid, Coupons, Healthy Options, Molina, Basic Health Plan). |
| Please provide your child's Medicaid Provider One ID #: _____ | |
| <input type="checkbox"/> | My child has private insurance. |
| Please provide your insurance company name, subscriber's name and child's insurance ID #: _____ | |

| Parent/Guardian Signature | |
|--|---------------|
| <i>I have received and read/had explained to me the Influenza Vaccine Information Statement (VIS). I am the parent or legal guardian of the above child and I give my permission for my child to receive the flu vaccine at school. I understand the benefits and risks of the influenza vaccine. I understand that I do not need to be present for my child to receive the flu vaccine and that my child will receive the injectable vaccine. I understand that my child's immunization information will be entered into an electronic database that can be shared with other medical providers and school staff. I authorize my child's school district to provide this form to Tacoma-Pierce County Health Department for the purpose of authorizing administration of flu vaccine.</i> | |
| _____ Parent/Guardian Signature | _____ Date |

| For Office Use Only | | | | |
|----------------------------|-------------|-----------|--------|-------|
| IIV-Dose 0.5 ml IM | Site: RA LA | Mfr: | Lot #: | Exp: |
| Date VIS Given: | | VIS Date: | | |
| Nurse Signature and Title: | | | | Date: |