Collecting Consents:

The consent form is the most important document for the school-based health program and may be the only method you have to communicate in detail with families.

When creating the consent form (and for all other messaging as well) we recommend you consider the following:

* If translating into additional languages, use simple language, avoid idiomatic expressions and cultural references, and remember that most other languages are longer than English and will require more space.
* Use broad terminology that can apply to any immunization formulation (intramuscular, intranasal, etc.) so your program can nimbly respond to a changing immunization market and adapt to any production disruptions. For example, reference flu “immunization” not “shot”.
* Assume a 4th grade reading level for all copy.
* Formatting matters. If it is unclear to those filling out the form where to place the information (below the line, above the line, or which box), you may find they put it in the wrong place or leave off information.
* Consider ordering questions or answers so that it’s easier to review and screen a form. For example, in the sample provided the choice of insurers are not in alphabetical order. Instead, the top line are all answers that correlate with a publicly/uninsured participant and the rest of the options correlate with a privately insured participant. If you are screening for eligibility for immunization from different funding sources, ordering the answers this way makes it easier to review.
* Gather feedback on your draft form from a diverse audience including caregivers/guardians, school staff, healthcare providers, and community organizations. Note that throughout all of our materials we refer to both caregivers and guardians to be inclusive of all family types.
* Test out the form with a group of caregivers/guardians before finalizing.

Considerations when distributing the form:

* Provide envelopes for teachers to collect forms by class (example here).
* Provide a receptacle for form collection in the front office (example on the next page).
* Distribute 3-4 weeks prior to immunization—medical information may change if forms are distributed too far in advance.
* You may consider having all families fill out a consent, marking “accept” or “decline”. Doing so can help you learn how many caregivers/guardians are actively declining participation and why. But weigh the pros and cons—doing so increases the risk that you may vaccinate a “decline” consent form student in error.
* You will note that the provided consent form does not have a place to document the immunization given. A label sticker can be used with the required information (date given, lot number, expiration date, manufacturer, administrator, etc.) and applied to the information side of the consent prior to immunization. When the vaccinator administers the immunization, or is unable to, they can document on the sticker the appropriate information.