

FREE FLU SHOTS AT SCHOOL

Turn Over To Sign Consent Form



In Partnership with:
[Partner] | [Partner] | [Partner]

HOW TO GET A FREE FLU SHOT FOR YOUR STUDENT

- ① Read all of the information on this page.
- ② Answer **all** of the questions **on the back** of this consent form. **Please fill out one form per student.**
- ③ **Sign** your name at the end of the consent form.
- ④ Give this form to your student's school right away.

SPREAD FUN! NOT FLU.

- Flu is a serious illness. Pediatricians recommend flu vaccines for all kids every year.
- Research shows that when kids get vaccinated, they miss fewer school days. Parents/guardians may miss fewer work days too.
- When kids are vaccinated for the flu it also protects the people around them, including babies and the elderly.

IT'S SAFE, EASY, AND CONVENIENT.

- The flu vaccine will be given at school, during school hours, by trained nurses and supervised nursing students.
- The vaccine is provided by the health department. It's the same vaccine your student would get from your usual doctor or clinic.
- This service is **FREE** to participants.

PARTICIPATION IS OPTIONAL. Only students with a completed consent form will get a vaccine. Only fill out a form if you want your student to be vaccinated.

BENEFITS AND RISKS. There are benefits and risks to getting a flu vaccine.

- Benefits include: It can keep your student from getting the flu and makes flu illness milder if they do get sick.
- Risks include: mild to severe reaction and side effects like pain at the injection site, fever, and aches.

Your student should not get a flu vaccine if they have had a severe/life-threatening reaction after any vaccination or have ever had Guillain-Barre Syndrome (GBS).

Review the Influenza Vaccine Information Statement (VIS) for more information - available at your student's school, the health department, and at [\[WEBSITE\]](#).

[ORGANIZATION] Privacy Practices: Your health information is confidential and is protected by law. It is our responsibility to protect this information as required by law and to provide you with a Notice of Privacy Practices. You may find a complete copy at [\[WEBSITE\]](#), ask for a copy from [ORGANIZATION], or see it at school on Vaccine Day.

The **[STATE IMMUNIZATION REGISTRY]** is a confidential and secure computer system run by the [STATE DEPARTMENT OF PUBLIC HEALTH] that makes vaccination information available to healthcare providers, including many local pediatricians. [ORGANIZATION] will put information about your student's flu vaccination into [STATE REGISTRY] as authorized by [STATE] law. To learn more about [REGISTRY], go to [\[REGISTRY WEBSITE\]](#). Check this box if you DO NOT want your student's flu vaccination to be shared with healthcare providers who use [STATE REGISTRY].

If you have any questions, need copies of the VIS or Notice of Privacy Practices, or need help completing this form, please contact the [ORGANIZATION] at [PHONE NUMBER] or visit [\[WEBSITE\]](#).



FLU SHOT CONSENT FORM

**** ONE PER STUDENT ****

STUDENT'S INFORMATION

Student's First Name

Student's Last Name

Student Date of Birth

Month Day Year

Age

Student is: Male Female

Home Address

Zip

Name of School

Teacher/Room #

Grade

Parent/Guardian Email

Phone #

Mother's First Name

Mother's first name is used to help identify students in [STATE IMMUNIZATION AGENCY]. For more information on [STATE IMMUNIZATION AGENCY], see the reverse side.

May we contact you for feedback on how to improve this program?

Yes No

STUDENT'S HEALTH INSURANCE

This service is free. Your health insurance company may help pay the cost of your student's immunization but you will not be charged.

Insurance Number

[COMPANY]

[COMPANY]

[COMPANY]

[COMPANY]

[COMPANY]

[COMPANY]

[COMPANY]

No Insurance

[COMPANY]

[COMPANY]

[COMPANY]

Other: _____

STUDENT'S RACE OR ETHNICITY (Choose all that apply)

We ask this question to help us ensure equitable access to the program.

Asian

American Indian or Alaskan Native

Black or African American

White

Native Hawaiian or Other Pacific Islander

Hispanic or Latino

MEDICAL QUESTIONS – YOU MUST ANSWER EVERY QUESTION

① Is your student allergic to latex?

Yes No

② Is your student allergic to eggs?

Yes No

③ Has your student ever had a serious reaction to any vaccine?

Yes No

④ Has your student ever had a severe muscle weakness called Guillain-Barré Syndrome?

Yes No

SIGNATURE AND CONSENT

When I (parent/guardian) sign my name, it means these things:

- I give permission for the student whose name is listed on this form to receive a flu shot at school.
- I have read or had explained to me the current Influenza Vaccine Information Statement (VIS) and understand the benefits and risks of the flu vaccine.
- I have read or received a copy of the [ORGANIZATION] Notice of Privacy Practices.

Parent/Guardian sign here **(REQUIRED)**

Date

Printed Name

Your relationship to student:

Mother Father Legal guardian

Other: _____

Turn Over for Instructions 