Seasonal Influenza (FluMist) Vaccine Free Immunizations Available at School CONSENT and SCREENING

D D- 1/0 11		Date:			
Dear Parent/Guardian:					
1. Read the attached \	Vaccine Information Statement	(s) about season	al vaccino cad la c		
records.	-2300116	,, about 36a50[]	ar vaccine and keep fo	r your	
 Complete the inform 	nation regarding your child, answ parent/guardian information secti	ering the question	ons as indicated and	sia- "	, J.
Of this form, in the	parent/guardian information secti the School Nurse or Front Office	on. Use a separ	ate form for FACH CL	aign the	e pac
o. Return this form to t	the School Nurse or Front Office	even if your child	will not receive the var	ccine	
To provide the best health	h care, your child's immunization	(s) will be entered	d into VACTRA	· Δ1==1	_1_
	system.	***************************************		, Alaski	as
Student information				***	
irst Name	Last Name	Date of Birth mm/dd/yr	Teacher		r roma
Jondermsured (nearth	Medicaid	/Alaska Native of vaccines)	☐Uninsured ☐None applicable		*******
arents: Please answer a	all the questions below:	The State of the S			
Does your child have	a serious alleroy to come?			YES	NO
Does your child have	a serious allergy to eggs?			YES	NO
Has your child have	any other serious allergies? Ple	- 1		YES	NO
Has your child ever hat Has your child ever hat	any other serious allergies? Ple ad a serious reaction to a previou ad Guillain-Barré Syndrome (a bu	s dose of flu vac	cine?	YES	NO
Has your child ever had Has your child ever had weakness) within 6 weakness)	any other serious allergies? Ple ad a serious reaction to a previou ad Guillain-Barré Syndrome (a tyle seks after receiving a fly vecsion	s dose of flu vac pe of temporary s	severe muscle	YES	NO
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PARENT/GUARDIAN First Name	Last Name	Address			
		Address	· ·	Phone	
and understand this and immunization himunization himunization per No, I decline per vaccine.	rmission for my child listed at	y). I nave read the Va umber of doses reco	accine Information S ommended for my c	Statement(hild's age	
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	s or will receive the vaccine fr				
/accinator use only:	Form reviewed for child's name	, contraindications, D	OB, and consent to v	accinate	
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s the child ill today? es No	Date vaccine administered Vaccinator's Signature	LAIV Given: Amount 0.2 ml Route: intranasal	VIS date: 08/10/10 Manufacturer: Lot# Expiration date		
Unable to vaccinate t	this child for the following reas	Son:	Date		
Refused to receive vac	ocine 🗆	Did not come to vaccination site □			
	Consent form not properly completed		Precaution/contraindication exists □		
	erly completed	Precaution/contrai	ndication exists		