

ASD SEASONAL INFLUENZA VACCINE CONSENT FORM FLU SHOT 2016-17

Information collected on this form will be used to document authorization for receipt of 2016-17 influenza vaccine at your child's school. Information provided will be entered into **VAC-TRAK**, Alaska's immunization information system.

<i>Child's Name</i> :----- PLEASE PRINT CLEARLY -----			<i>Date of Birth</i> (mm-dd-yyyy) - -	
Last:	First:	M.I.		
Street Address:			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	Zip Code	Telephone Number ()	
Race (Check One) <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American			Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Mother's Maiden Name (Last, First)		Name of School:		Grade:

To help us determine if your child is eligible to receive vaccines from the Vaccines for Children program, please check one of the boxes below. Your child will receive flu vaccine whether or not they are eligible.

- Medicaid-eligible (*Denali KidCare*)** **Native American or Alaskan Native**
 No insurance coverage (*VFC Uninsured*) **Insured (*State Vaccine-AVAP*)**

A. Please check **NO** or **YES** for each question. If you answer "YES" to one or more of the 4 questions, your child will not be able to get flu vaccine in school unless there is a note from your child's health care provider saying it is okay for your child to get flu vaccine.

	NO	YES
1. Does your child have a problem eating eggs?		
2. Does your child have an allergy to gentamicin, neomycin, polymixin or gelatin		
3. Has your child ever had a serious reaction to a flu vaccine in the past?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

Consent for Child's Vaccination:

Yes, I give my permission for the child named above to be vaccinated with the **Flu Injection** (inactivated vaccine) and to share my child's immunization records including those provided to school(s) to be entered into **VAC-TRAK**, Alaska's immunization information system. I have read the Vaccine Information Statement for influenza vaccine and understand this consent will be valid for the number of doses recommended for my child's age and immunization history.

(If this consent form is not signed, then your child will not be vaccinated)

Parent/Guardian Name (PRINT) _____

Parent/Guardian Signature _____ Date signed _____

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Vaccination Record FOR ADMINISTRATIVE USE ONLY

Before vaccinating, review form for child's **name**, contraindications, DOB, and **consent** to vaccinate (Make sure **YES** consent box is marked and signed)

First Dose—District Use Only

Vaccine	Date Dose Administered	Manufacturer, Lot#, Expiration date, VIS Date	Vaccinator's Signature	Anatomical Site & Dose
Influenza		Manufacturer: Lot #: Expiration Date: VIS Date:		<input type="checkbox"/> IM** RD <input type="checkbox"/> IM** LD <input type="checkbox"/> Dose Full

Second Dose

Vaccine	Date Dose Administered	Manufacturer, Lot#, Expiration date, VIS Date	Vaccinator's Signature	Anatomical Site & Dose
Influenza		Manufacturer: Lot #: Expiration Date: VIS Date:		<input type="checkbox"/> IM** RD <input type="checkbox"/> IM** LD <input type="checkbox"/> Dose Full

****FLU INJECTION** RD- Right Deltoid LD- Left Deltoid

Vaccines must be entered in VactrAK and Student Information System (SIS- Zangle/Q)