DISCARD THIS FORM IF YOU DO NOT WANT YOUR CHILD VACCINATED

VACCINATING ALABAMA KIDS IN SCHOOLS

(Owned by Huntsville Pediatric Associates)

Influenza Vaccine Consent Form

School______________________________
Grade______________________________
Teacher____________________________

Section 1: Information about student receiving vaccine (Please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	**STUDENT'S DATE OF BIRTH** Month_______ Day______ Year ______
PARENT/LEGAL GUARDIAN'S NAME (if applicable)			**STUDENT'S GENDER** **MALE** **FEMALE**
ADDRESS			**PARENT/ GUARDIAN DAYTIME PHONE NUMBER:**
CITY	**STATE**	**ZIP**	
PATIENT'S PRIMARY DOCTOR'S NAME (Last, First)			

Section 2: Screening for Vaccine Eligibility

	YES	NO
1. Does the patient have a **serious** allergy to eggs?		
2. Has the patient ever had a serious reaction to a previous dose of flu vaccine?		
3. Has the patient ever had Guillain-Barre` Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

If you answered yes to any of the above questions, your child is not eligible to receive the flu vaccine at school

Section 3: Consent

______I want Fluzone injectable vaccine (shot) http://www.adph.org/Immunization/Default.asp?id=541
(INITIAL)

The nasal vaccine, FluMist is not available this year

Signature of Parent/Legal Guardian/Patient: _______________________________________ Date: ________________________

Section 4: Insurance Information (this information must be provided for patient to receive vaccine)

______ My child does not have medical insurance (it is fraudulent to not report medical insurance in an attempt to receive free medical care)

Subscriber's Name: ________________________________ **Subscriber's DOB** ________________ **Policy #**______________________

Group # ______________________ **Effective Date** _______________ **Name of Insurance** _____________________________________

Signature of Parent/Legal Guardian/Patient____ **Date:** ___________________

For Office Use Only:
IM: LD/RD Lot #___________ **Exp Date**__________ **Administrator**_____________________________

Your child was not vaccinated due to his/her refusal to cooperate ________________________________

IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY, YOUR STUDENT WILL NOT BE VACCINATED.

If you have any questions, please call 256-265-2464