

AIP

Alabama Immunization Partners

Alabama Immunization Partners, in association with your school system, is offering influenza vaccine to your child at one of our school-based immunization clinics. Our partnership follows a resolution passed by the Alabama State Legislature to establish school-based influenza clinics throughout our state.

For the 2017-18 flu season, Flumist (the nasal spray version of the flu vaccine) will NOT be available at our clinic due to recommendations from the Centers for Disease Control (CDC). Only flu shots will be available.

If you are interested in having your child vaccinated at the school based immunization clinic you are required to do the following:

- Complete the Student Influenza Vaccine Registration and Consent Form.
- **SIGN** the Student Influenza Vaccine Registration and Consent Form – Your child cannot be vaccinated without your signature.
- Provide a copy of your child's insurance card (front and back), or indicate if your child does not have insurance coverage.
- Return both the completed form and insurance copies to your school.
- **We cannot administer vaccine if we do not receive all documentation completed in its entirety.**

You may visit our website listed below to see the schedule for your child's school. We will provide you with a vaccine card which includes the date and type of vaccine administered.

Please be advised that we will not physically restrain your child in order to give them a flu vaccine. If your child is afraid or resistant to receiving the vaccine, we will recommend that you take your child to his or her pediatrician for vaccination.

Thank you for your participation in our clinic, and we hope that you will find this service beneficial. If you have any questions please talk to your school nurse or refer to our website at <https://schoolfluvaccines.wix.com/home>.

All information will be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

****Registration Form must be returned to the school nurse by Friday, September 22nd****

STUDENT FLU SHOT REGISTRATION AND CONSENT FORM

2017-18 School Year

Student's Last Name:	First:	Middle:
Date of Birth:	Sex: M F	Phone:
Address:		
Zip code:	Parent Email:	

School:
Grade:
Teacher:

Name of Insurance Company (attach copy of card):	
Name as appears on Insurance Card:	
Policy holder's date of birth:	Sex: M F
Insurance Contract or I.D. Number:	

Please CIRCLE the correct response:	
My child is allergic to eggs:	YES NO
My child received a flu vaccine at school last year:	YES NO

****OUR STAFF WILL NEVER FORCE A CHILD TO RECEIVE A FLU SHOT.****	
I give permission for my child to receive the FLU SHOT as indicated on this form. I have read the influenza vaccine information sheet provided at https://schoolfluvaccines.wix.com/home .	
Parent/Guardian Signature: _____	Date _____
Parent/Guardian Name (PRINT): _____	

PLEASE READ THE
STATEMENT BELOW.

According to CDC guidelines
for the 2017-2018 flu season,
ONLY FLU SHOTS
are recommended.
Flu mist will not
be available for this
year's clinic.

For office use only:	
PA _____	F _____
Notes:	

****Vaccination cannot be administered unless the form is complete and copy of insurance card attached.**

PLEASE PRINT CLEARLY.