

Iowa County Health Department

*****Return this form only if your child will be receiving the Flu Shot at school.**

Information collected on this form will be used to document permission for your child to receive the seasonal influenza (flu) vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: _____

Student's Name (Last, First, Middle initial)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Birthdate Month _____ Day _____ Year _____		Student's Age	School Grade	Parent/Guardian Daytime Phone Number ()	
Home Address		P.O. Box	City	County	State Zip Code
Parent/Guardian's Name			Okay to share immunization data with the Wisconsin Immunization Registry (WIR) ? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please answer the following questions (circle Yes or No):

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list: _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

**If you answered YES to any of the above questions, please contact your doctor for the flu vaccination.*

CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement for seasonal influenza (flu) vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE		VIS date: 08/07/2015
Route = IM	Body site (circle one) = RD or LD / RV or LV	
Manufacturer:	Lot No. _____	Date vaccine administered: _____
Signature and title of person administering vaccine: _____		