Has the child had any immunizations in the last 4 weeks?

Has the child ever had a serious reaction to a vaccine or a parent had a seizure? No, if Yes explain

Has health insurance that does NOT pay for flu vaccines (no charge)? Yes, if No explain

Is American Indian or Alaskan Native? No, if Yes explain

Has health insurance that pays for vaccine? Yes, if No explain

Does the child have allergies to medications, food, a vaccine component or latex? (eggs, bovine protein, gelatin, gentamicin, polymixin, phenol or thimerosal) No, if Yes explain

I understand the benefits and risks of the flu vaccine.

I agree to the following:
1. I have read or have had read to me, the Vaccine Information Sheet dated 8/7/15 regarding the Influenza vaccine.
2. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the flu vaccine.
3. To have the child’s health insurance billed. If insurance does not pay for the whole amount, I agree to pay the difference.
4. I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the party who accepts assignment.
5. I understand this vaccine will be entered into the State’s immunization database called “IRIS”.
6. I accept responsibility for seeking medical attention for any problems with this vaccine.
7. Children younger than 9 may need a second dose in one month if this is their first dose. Please plan to get the second dose at your medical provider, pharmacy or Public Health. We will not be returning to the school for second doses or for absences on the day that we come to the school.
8. I fully discharge, their offices, directors and employees from any liability for illness or damage which may result there from.

I give permission for my child to receive the Influenza vaccine (Flu shot)

Signature of parent/guardian: ___________________________ Date __________

---For office use below---

Is the child sick today? No, if Yes explain

Has the child had any immunizations in the last 4 weeks? No, if Yes explain

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