



2018-2019 SEASONAL INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2018-2019 Flu Vaccine. Record of this immunization will be shared through the Wisconsin Immunization Registry (WIR).

ATTENTION: IF YOU DO NOT WANT YOUR CHILD TO RECEIVE THE FLU SHOT AT SCHOOL, PLEASE DO NOT RETURN A COMPLETED/SIGNED FORM. THANK YOU.

SCHOOL: _____ GRADE: _____

Form with fields for Student's Name, Gender, Birthdate, Parent/Legal Guardian's Name, Home Address, and Telephone Numbers.

Please answer the following questions (circle YES or NO):

Table with 4 rows of questions regarding allergies and reactions to flu vaccinations, with YES/NO columns.

CONSENT FOR CHILD'S VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for the 2018-2019 Seasonal Influenza Vaccine. The Vaccination Information Statement can be viewed and downloaded online at the Health Department's website page www.co.clark.wi.us/healthdepartment. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

X _____ Date

Signature of Parent or Legal Guardian

FOR OFFICE USE ONLY section containing fields for DOSE, INJECTABLE, Lot#, Exp, Body site, and Signature and Title of Person Administering Vaccine.