Maxwell Public Schools
Consent For Vaccination Against Flu
(Influenza Virus)

Assessment for contraindications to influenza vaccination:

- Have you ever had a severe (anaphylactic) reaction to a flu shot? ___Yes____No
- Are you allergic to eggs or egg products, thimerosal-containing products (eye contact lens solution), mercury-containing products?___Yes___No
- Do you currently have a fever?___Yes___No
- Do you have a history of Guillan Barre's Syndrome (paralysis)?___Yes___No
- Are you pregnant?___Yes___No
- Do you feel well today?___Yes___No
- Are you taking an antibiotic?___Yes___No

List any allergies:_____
Have you received a flu vaccination before?___Yes___No

The Vaccine Information Sheet has been made available to me and I have read or have had the information explained to me. I have had a chance to ask questions and these have been answered to my satisfaction. I understand the benefits and risks of flu vaccination and ask that the vaccine be given to me, or to the person named below for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination.

Today's Date:_____
Birthdate:_____Age:_____Sex: M F
Print Name:_____
Phone Number:_____
Address:_____

OFFICE USE ONLY:
Manufacturer:_____
Lot No:_____
Site: Deltoid L R
Dose 1:_____
Dose 2:_____
Nurse:_____
Paid: Check Cash

Child Name:_____
Parent/Guardian Signature(for minor):_____

Signature(for adult):_____

FOR MINOR CONSENT ONLY:
I authorize the nurse at Maxwell Public Schools to give the influenza vaccine to my child(name)_____
in my absence, which I have authorized in writing. I am aware that vaccination by injection may post inherent risks that are beyond the ability of Maxwell Public Schools. By giving my consent for this vaccination, I also agree to hold harmless the school and its employees and agents from any injury or complication arising from this vaccination.

Today's Date:_____

Parent/Guardian Signature:_____

Witness Signature(adult 19years or over):_____

Reviewed and approved by
MD:_____Date: 10/10/18