

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.

OFFICE USE ONLY:

Today's Date: _____
 Birthdate: _____ Age: _____ Sex: M F
 Print Name: _____
 Phone Number: _____
 Address: _____

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: 9/29/17