

**Calvert County Health Department &
Calvert County PUBLIC & PRIVATE SCHOOLS
Seasonal Vaccination Consent for the School Flu Prevention Initiative 2017**

School:	Homeroom Teacher: Grade:	
Student Name: (Last, First and Middle Initial)	Parent or Legal Guardian Name: Daytime Telephone# Cell#	
	Age:	Date of Birth:
	Gender: Male/ Female	Race:

I have read the *Influenza Vaccine Information Statement dated August 7, 2015*. I understand the risks and benefits of the vaccine, including who should not be vaccinated with injectable flu vaccine.

Screening for Vaccine Eligibility:

	YES	NO
1. Has your child ever had a serious reaction to any influenza vaccine?		
2. Has your child ever had Guillain-Barre Syndrome (GBS)?		
3. Does your child have an allergy to eggs?		

If you answered yes to number 1, 2, or 3 then your child should **NOT** receive a flu vaccination at this clinic. If your child has a moderate to severe illness on the day of the vaccination clinic, he/she should not be vaccinated until their symptoms have improved.

For children 6 months through 8 years of age who:

- Have **NEVER** been vaccinated against influenza **OR**
- Have not received at least 2 doses of flu vaccine before July 2017 **OR**
- If parents are unsure

These children should receive TWO doses of flu vaccine this year separated by at least 4 weeks.

Will your child need a 2nd vaccination: Yes No

I give my consent for my child to be vaccinated with injectable vaccine

_____ Date _____
Signature of Parent or Legal Guardian

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FOR CLINIC / OFFICE USE

Date	Vaccine Manufacturer/ Vaccine Lot#	Route: <input type="radio"/> IM/ LO or RD	Dosage D 0.5ml	Nurse Initials