

DISCARD THIS FORM IF YOU DO NOT WANT YOUR CHILD VACCINATED

**VACCINATING ALABAMA KIDS IN SCHOOLS
(Owned by Huntsville Pediatric Associates)
Influenza Vaccine Consent Form
2020-2021**

School: _____
Grade: _____
Teacher: _____

Section 1: Information about **student receiving vaccine (Please print)**

STUDENT'S NAME (Last)	(First)	(M.I.)	STUDENT'S DATE OF BIRTH Month _____ Day _____ Year _____
PARENT/LEGAL GUARDIAN'S NAME			STUDENT'S GENDER <u>MALE</u> <u>FEMALE</u>
ADDRESS			PARENT/ GUARDIAN DAYTIME PHONE NUMBER:
CITY	STATE	ZIP	
PATIENT'S PRIMARY DOCTOR'S NAME (Last, First)			

Section 2: Screening for Vaccine Eligibility

	YES	NO
1. Does the patient have a serious allergy to eggs?		
2. Has the patient ever had a serious reaction to a previous dose of flu vaccine?		
3. Has the patient ever had Guillain-Barre` Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

If you answered yes to any of the above questions, your child is not eligible to receive the flu vaccine at school

Section 3: Consent

By signing this form, I am giving permission for my child to receive the injectable flu vaccine.

Signature of Parent/Legal Guardian/Patient: _____ **Date:** _____

Section 4: Insurance Information (this information must be provided for patient to receive vaccine):

My child has Medicaid My child does NOT have health insurance

Fill out boxes below if your child has insurance other than Medicaid (it is fraudulent to not report medical insurance in an attempt to receive free medical care)

If you would prefer to email your health insurance information to us, you may do so by emailing hpa@huntsvillepediatrics.com providing the information below as well as your child's name, date of birth and the school they attend. **You must still turn in this form to the school in order for your child to be vaccinated.**

Name of Insurance:	Policy Number:	Group Number:
Subscriber's Name:	Subscriber's DOB:	Effective Date:

Your child was not vaccinated due to his/her refusal to cooperate _____

**IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY, YOUR
STUDENT WILL NOT BE VACCINATED.**

If you have any questions, please call 256-888-KIDS