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

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 (if applicable)			**STUDENT'S GENDER** MALE FEMALE
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

______I want Fluzone injectable vaccine (shot) http://www.adph.org/Immunization/Default.asp?id=541
(INITIAL)

Signature of Parent/Legal Guardian/Patient: ______________________________________ **Date:** ___________________

Section 4: Insurance Information (The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential):

☐ 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 illegal not to report health insurance if you have it:

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

For Office Use Only:
IM: LD/RD Lot #_________________________

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 256-888-5437