

**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 2021-2022**

School: Liberty MS  
Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_

**SECTION 1: Information about the STUDENT receiving the vaccine (please print)**

Student's Name (Last)	(First)	(M.I.)	Student's DOB (Month/Day/Year)
Parent/Legal Guardian's Name			Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Parent/Guardian's 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 <u>SERIOUS</u> allergy to eggs?		
2. Has the patient ever had a serious reaction to a previous dose of the flu vaccine?		
3. Has the patient ever had Guillain-Barré Syndrome (a type a 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	Date
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**SECTION 4: Insurance Information** (This information must be filled out in order for the patient to receive the vaccine.)

<input type="checkbox"/> My child has Medicaid	<input type="checkbox"/> My child does NOT have health insurance	<input type="checkbox"/> My child has health insurance- listed below
Fill out the 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.		
Name of Insurance	Policy Number	Group Number
Subscriber's Name	Subscriber's DOB	Effective Date

If you prefer to email your health insurance information to us, you may do so by emailing [hpa@huntsvillepediatrics.com](mailto:hpa@huntsvillepediatrics.com) providing the information above as well as your child's name, DOB, and school they attend. **You must still turn in this form to the school in order for your child to be vaccinated.**

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.