School Nurse

CARROLL COUNTY Public Schools Consent Form for SY 2021-22 Flu Clinic

Please Print Clearly in Ink

Fill out this section

Student's LAST Name	Student's FIRST Name	M.I.	Student's Birthdate / /	Age	Gender F M Other	Grade
Parent/Guardian LAST Name	Parent/Guardian FIRST Name	M.I.	Cell/Daytime Phone			
Address			Email Address			
City	ZIP Code		School Name		Teacher/Homeroom	

Fill out this section

HEALTH INSURANCE INFORMATION – PLEASE FILL OUT COMPLETELY AND ACCURATELY

Please copy this information from YOUR INSURANCE CARD. We will bill your insurance. <u>You will NOT be charged</u> a co-pay or a deductible.

Type of Insurance: ❒ **Medical Assistance/Medicaid** ❒ **Private Insurance** ❒ **My child does not have health insurance**
(Your child will not be turned away because of no insurance)

INSURANCE COMPANY NAME	Member ID Number (write in boxes below)
	Group Number

FOR **PRIVATE INSURANCE** ONLY

Policy Holder's/Insured Adult's Name	Relationship to Student	Insured Adult's Birthdate / /	Any Other # from Insurance Card

Answer these

1. Do any of the following apply to your child? ***(If you answer YES to any question, your child might not be vaccinated.)***

Yes	No		Yes	No	
❒	❒	Has had a serious reaction to a flu vaccine in the past?	❒	❒	Has had Guillain-Barre syndrome?
❒	❒	Has an allergy to a component of the flu vaccine?			

If your child is under 9 years old and has not had a flu vaccination before, she/he may need a second flu vaccination this year. Please check with your health care provider to see if your child needs a second "dose" of the vaccine.

If you have any questions about flu vaccine, please contact your child's doctor or the health department or go to <u>www.flu.gov</u>.

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOUR CHILD TO BE VACCINATED

By signing this form, I give permission for my child to be vaccinated, my insurance company to be billed for the service, and the vaccinaction to be entered into ImmuNet, and Maryland's immunization registry. Further, I agree that:
(1) The information above is correct; (2) I have read the Vaccine Information Statement dated 8/6/21 or someone has read it to me;
(3) I understand the risks and benefits of getting the vaccine I have consented for my child to receive; and
(4) Any questions I had about the vaccine(s) have been answered;

Signature of Parent/Legal Guardian_____ **Date:** _____/_____/_____

FOR OFFICE USE ONLY				
Date of Administration / VIS Given	Vaccine	Vaccine Manufacturer	Lot Number	PRINT Name of Vaccine Administrator