

Lafayette County Health Department

**** DO NOT RETURN this form if you do not want your child to receive a vaccination at the school based clinic.**

Information collected on this form will be used to document permission for your child to receive the seasonal influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: Black Hawk Schools

Student's Name (Last, First, Middle Initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Birthdate Month _____ Day _____ Year _____	Student's Age	School Grade	Parent/Guardian Daytime Phone Number (_____) _____	
Home Address	P.O. Box	City	County	State
Parent/Guardian's Name			Zip Code	
Okay to share immunization data with the Wisconsin Immunization Registry (WIR) ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please answer the following questions (circle Yes or No):

1. Does your child have a serious allergy to eggs?	YES	NO
2. Does your child have any other serious allergies? Please list: _____	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

**If you answered YES to any of the above questions, please contact your doctor for the flu vaccination.*

CONSENT FOR CHILD'S VACCINATION:

I would like my child to receive the influenza vaccine.

I have read, or have had explained to me, the Vaccine Information Statement for seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Signature: X _____

Date: _____

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FOR OFFICE USE	
Route = IM	VIS date: 08.15.2019
Body site (circle one) = RD or LD / RV or LV	Dose (circle one): 1 or 2
Manufacturer: Sanofi Pasteur	Date vaccine administered: 11/9/2020
Lot No. UT7011MA	Signature and title of person administering vaccine: _____
Revised: 10.02.2020	