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: ***BLACKHAWK***

Student's Name (Last, First, Middle initial)			**Gender** ☐ **Male** ☐ **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** **Zip Code**
Parent/Guardian's Name	**Okay to share immunization data with the Wisconsin Immunization Registry (WIR) ?** ☐ **YES** ☐ **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.

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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:** _____

FOR OFFICE USE **VIS date: 08/06/2021**

Route = IM **Body site (circle one) = RD or LD / RV or LV** **Dose (circle one): 1 or 2**

Manufacturer: **Sanofi Pasteur** **Lot No.** **UT8415KA** **Date vaccine administered:** **10/15/2024**

Signature and title of person administering vaccine: _____

Revised: 10.19.2021