

**NEW HAMPSHIRE SCHOOL (K- 12)  
VACCINATION CONSENT FORM  
2018-2019 SEASONAL INFLUENZA VACCINATION**

SCHOOL NAME	TOWN	GRADE	TEACHER/HOMEROOM
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**SECTION 1: STUDENT INFORMATION**

Student Name (Last)	(First)	(M.I.)	Student Date of Birth Month _____ Day _____ Year _____
Town	State	Zip	Student Age
Parent/Legal Guardian's Name (please print)			Parent/Guardian Daytime Phone Number

Does your child have OPEN Medicaid with one of the following companies: Well Sense, Ambetter, NH Healthy Families, Anthem, Harvard Pilgrim or Minute Man Health? Yes \_\_\_ No \_\_\_

To keep your child's immunization records up to date, we will send a copy of this form to your primary health care provider unless otherwise directed. Please complete the following information:

- Send to my child's Health Care Provider (Fill out information in this section)
- Do not send to my Health Care Provider (DO NOT fill out information in this section)

Name of the Primary Health Care Practice: \_\_\_\_\_  
 Practice Phone Number: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 Practice City: \_\_\_\_\_ Practice Zip Code: \_\_\_\_\_  
 Name of Primary Health Care Provider: \_\_\_\_\_

**SECTION 2: SCREENING QUESTIONS**

Your answers to the following section will help decide if your child can be vaccinated at school with the influenza vaccine. If you answer "yes" to any of these questions, please contact your medical provider to discuss other ways to receive the vaccine.

	YES	NO
1. Does your child have a serious allergy to eggs or any component of the influenza vaccine?		
2. Has your child ever had a severe life-threatening reaction after a dose of the influenza vaccine in the past or been told to not get the influenza vaccine by a healthcare provider?		
3. Has your child ever had Guillain-Barré Syndrome (an autoimmune neurological condition that results in sudden muscle weakness)?		

**SECTION 3: CONSENT FOR MY CHILD'S VACCINATION IN SCHOOL**

I have reviewed the Influenza Vaccine Information Statement available at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>.

By signing below I am signifying that I do want my child immunized against influenza at the school clinic.

**Yes, I do want my child named above to be given the influenza vaccine at school.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4: ADMINISTRATIVE USE ONLY. All sections must be completed by the person administering the vaccine.**

**BEFORE** vaccinating check that you have completed the following:

- > I have asked the student if they are feeling sick or unwell today \_\_\_\_\_ (check if asked)
- > I have reviewed this entire form including the screening questions \_\_\_\_\_ (check if completed)

Publication date on Vaccine Information Statement (VIS): 8/7/15

Vaccine	Date Dose Given MM/DD/YYYY	Route	Manufacturer	Lot Number	Name and Title of Vaccine Administrator
		<input type="checkbox"/> IM -Deltoid L ___ R ___			

After vaccination this form was reviewed by:

**Please sign and return both white and yellow copies of the form to the school.**  
**The yellow form will be sent home again with the student the day of the clinic.**

Dear Parent/Guardian:

Influenza (flu) is a viral infection that can lead to serious illness and can be spread easily from person to person. A yearly vaccination is the best way to prevent influenza and its complications; the vaccine not only protects your child, but also protects other members of your family and the local community. To improve influenza vaccination rates and to make vaccination more convenient for you, the New Hampshire Department of Health and Human Services and your local Public Health Region have partnered with your child's school to offer the influenza vaccine to your child at a school-based clinic.

Please take a moment to read the Influenza Vaccine Information Statement (VIS) at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>. The VIS is from the Centers for Disease Control and Prevention and explains the benefits and potential risks of the influenza vaccine. If you choose to have your child receive the influenza vaccine at the school-based clinic, then you need to review all the information provided here, fill in the information on the other side of this form, sign at the bottom to signify that you consent to have your child receive the influenza vaccination through the school-based clinic, and return both copies of the form to the school. On the day of the clinic, trained staff will give your child a single dose of the vaccine and then write on the front of this form that your child received the vaccine. Your child will be instructed to bring home a yellow copy of the form.

The influenza vaccine is very safe. You and your child cannot get a flu infection from the vaccine. As with any vaccine, however, there is a chance of some side effects. Most reactions to the vaccine are mild and include soreness, swelling, or redness at the site. Your child may also experience a low-grade fever or body aches. These symptoms are short-lasting and should go away on their own.

More serious side effects, such as a severe allergic reaction, are possible but very rare. Please see the VIS for more information about potential side effects and risk of a vaccine reaction. The clinic staff is trained to recognize emergencies and ensure your child has appropriate medical care if a more serious reaction occurs. Children are observed immediately following vaccination for a short duration to help ensure safety in the rare instance of this occurring. If you are concerned that your child is having a reaction, you should call your child's medical provider or dial 911 for more serious life-threatening reactions.

The information on this form will be kept confidential. Records may also be kept by the school health office and your child's medical care provider (if provider information is provided). Thank you for working with us to help keep your child and community safe and healthy.