MPP Reviewer

School Nurse

Howard County Public Schools Consent Form for SY 2019-20 INJECTABLE 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	Sex	Grade
					F M **Other**	
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. You will NOT be charged a co-pay or a deductible.

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

Name of Insurance Company	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 vaccine?	❒	❒	Has serious allergies to a medication, food, or latex? If "yes", explain:_____

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 www.flu.gov.

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, the vaccination 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 8/7/15 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