

Coos Bay School District Student Flu Shot Immunization Consent

Complete this form to receive vaccination.

Last Name: _____	First Name: _____	MI: _____
Date of Birth: ____ / ____ / ____ School _____		
Teacher _____ Cohort _____		
Will a parent accompany their child when receiving the shot? <input type="checkbox"/> Yes <input type="checkbox"/> No (note: this is optional)		
Has your child received a flu vaccine for the 2020-21 flu season? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child ever had a severe reaction to a flu shot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child allergic to eggs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever developed Guillain-Barre Syndrome (a condition that attacks the nerves and causes severe muscle weakness) within 6 weeks of getting flu shot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child allergic to latex? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do your child have a compromised immune system? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any other serious allergies _____	
<p>I have read/had explained to me the current year's Vaccine Information Statement (VIS) with information about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to my child. I agree that neither Coos Bay School District nor their sponsor shall have any responsibility or liability if I contract influenza, or other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot. I understand that the vaccine will be provided free of charge.</p> <p>Signature _____ Date: _____</p> <p>Relationship to the student _____</p> <p style="text-align: center;">(Parent must sign if student is under 15 years old)</p>		

Nurse's Use Only

Site of Injection: R or L Deltoid

Nurse's Initials: _____

VIS: _____

Lot #: _____

Vaccine Expiration: _____

Nurse Use Only:

Is student sick today? _____

Temp (if illness observed/Reported) _____