

Student Flu Immunization Consent

Student Name (First) _____ (MI) _____ (Last) _____

Parent/Guardian Name: _____ Phone Number: (_____) _____

Student Date of Birth: Month _____ Day _____ Year _____ Age: _____ Gender: _____

Mailing Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Insurance Information **PLEASE ATTACH A COPY OF INSURANCE CARD IF STUDENT IS INSURED**

STUDENT HAS PRIVATE HEALTH INSURANCE (ex: Aetna, BCBS, United Health)

1.) Please write the A.) Primary Health Insurance, B.) Member ID #, and C.) Group # :

A. _____ Insurance Company B. _____ Member ID # C. _____ Group #

2.) Include any A.) Secondary Health Insurance B.) Member ID #, and C.) Group # :

A. _____ Insurance Company B. _____ Member ID # C. _____ Group #

3.) Is student the primary insured? Yes No

- If NO, please list the Name and Date of Birth of the primary insured: (in most cases this is the parent)

Name: _____ Date of Birth: _____

STUDENT HAS SOONERCARE/MEDICAID SoonerCare/Medicaid ID #: _____

STUDENT IS UNINSURED

STUDENT IS AMERICAN INDIAN OR ALASKA NATIVE

Medical Questions – You Must Answer ALL Questions

- Flu Injection – Answer 1 - 5

*Nasal FluMist is not being offered at school for 2018-2019 school year.

Your pediatrician may have FluMist available.

For the flu vaccine, answer all of the questions in this section:

	YES	NO
1. Is your student sick today or have a high fever?	<input type="radio"/>	<input type="radio"/>
2. Does your student have allergies to antibiotics, egg, gelatin, latex, yeast, or any vaccine ingredient?	<input type="radio"/>	<input type="radio"/>
3. Has your student ever had a serious reaction after receiving a vaccination?	<input type="radio"/>	<input type="radio"/>
4. Have your student experienced Guillain-Barre, swelling of the brain, seizure, or other nervous system problems <i>after</i> a vaccination?	<input type="radio"/>	<input type="radio"/>
5. For Young Women: Is there a possibility that the student is pregnant?	<input type="radio"/>	<input type="radio"/>

For more information about the flu vaccine please visit immunize.org to read The Vaccine Information Sheet (VIS) or directly at http://www.immunize.org/vis/vis_flu_inactive.asp

SIGNATURE REQUIRED ON BACK

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Signature and Consent

I consent and authorize my child to receive the flu vaccine from Passport Health Oklahoma without my physical presence. I understand that Passport Health Oklahoma maintains the right to decline immunization to my child if he/she is unruly and presents a risk for unintentional needle-stick to staff or student. I have had a chance to read and ask questions regarding the immunization(s) offered and any questions have been answered related to benefits/risks of the vaccines offered. I authorize the vaccine administered to be recorded with the OK State Health Department and reported to school, district, or pediatrician if requested.

- _____ • I **DO** give consent for my child to receive vaccine by Passport Health
- _____ • I **DO NOT** give consent for my child to receive vaccine by Passport Health

Parent/Guardian Signature: _____ Date: _____

Participation is Optional. Only students with a completed consent form will receive vaccine.

Getting the vaccines helps everyone stay healthy.

It's safe, easy, and convenient.

- Vaccines will be given at school, during school hours, by trained nurses from Passport Health Oklahoma.
- The vaccines are the same as what your student would get from your usual doctor or clinic.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.

There are no upfront charges/fees. All vaccines will be submitted to your child's insurance or obtained through the Vaccines For Children (VFC) Program. There are no copays due for this service, and most insurance companies pay 100% for vaccines.

Children eligible for the VFC Program include any child enrolled in SoonerCare/Medicaid, or are Native American, Native Alaskan, or uninsured.

How will my child's shot record be updated?

All immunizations are entered into the Oklahoma State Immunization Information System (OSIIS), a shared registry with doctor offices and County Health Departments.

Is the flu shot right for your student? Scan QR code with your phone



Questions about this form or flu vaccine, please call Passport Health Oklahoma
OKC 405-563-8961 • Tulsa 918-770-4290

Office Use Only

_____	_____	_____	_____	RA LA IM	_____
Vaccine	Manufacturer	Lot #	Exp Date:	Injection Site:	VIS Edition Date:

VFC NON VFC

Nurse provided immunizations to patient without difficulty and patient was observed showing no adverse reactions.

Nurse reviewed, administered injection(s) and VIS provided by: _____ Date: _____

Nurse NOTES: