



**NEW HAMPSHIRE SCHOOL (K- 12)
VACCINATION CONSENT FORM
2020-2021 SEASONAL INFLUENZA VACCINATION**



SECTION 1: STUDENT INFORMATION

| | | | |
|---|-------------|--------|---|
| School Name | School Town | Grade | Teacher/Homeroom |
| 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, AmeriHealth Caritas or Minute Man Health?

Yes ___ No ___

**We will provide you a copy of your child's immunization.
To keep your child's immunization records up to date,
we recommend that you share this information
with your child's physician.**

SECTION 2: SCREENING QUESTIONS

| | | |
|---|------------|-----------|
| Please answer the following questions, to help keep your child safe. If you answer "yes" to any of the questions, please contact your child's 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 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> (English version); https://www.immunize.org/vis/vis_flu_inactive.asp (link to other languages).

By signing below, I am giving permission for my child to be vaccinated against influenza at the school clinic.

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

Signature of Parent/Legal Guardian _____ Date _____

SECTION 4: ADMINISTRATIVE (INTERNAL) USE ONLY. Vaccine administrator must complete all sections.

BEFORE vaccinating check that you have completed the following (check to confirm done):

| | |
|--|---|
| <input type="checkbox"/> Child Not Vaccinated Reason: _____ | <input type="checkbox"/> I have asked the student if they are feeling sick or unwell today |
| | <input type="checkbox"/> I have reviewed this entire form including the screening questions |

Publication date on Vaccine Information Statement (VIS): _____

| | |
|--|---|
| Provider Name and Address: Granite United Way 125 Airport Road Concord, NH 03301 | Name and Title of Vaccine Administrator: Signature of Vaccine Administrator: |
|--|---|

| Vaccine | Manufacturer | Lot Number | Route | Admin Date |
|---------|--------------|------------|---|------------|
| | | | <input type="checkbox"/> IM L Deltoid <input type="checkbox"/> IM R Deltoid <input type="checkbox"/> Other _____ | / / |

After vaccination this form was reviewed by: _____