



**ANCHORAGE SCHOOL DISTRICT
HEALTHCARE SERVICES
SEASONAL INFLUENZA VACCINE CONSENT FORM
FLU SHOT 2017-18**

| | | | |
|---|--------|-----------------|---|
| Child's Name :----- PLEASE PRINT CLEARLY ----- | | | Date of Birth (mm-dd-yyyy) - - |
| Last: | First: | M.I. | |
| Street Address: | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City | State | Zip Code | Telephone Number () |
| Race (Check One) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Alaska native <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown | | | Ethnicity (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino |
| Mother's Maiden Name (Last, First) (VactrAK requirement) | | Name of School: | Grade: |
| Name of Parent or Guardian Responsible for Child if under 18: (Last, First Middle) | | | Relationship to child: |

| | |
|--|--|
| ***This section must be completed: VFC Eligibility | |
| <input type="checkbox"/> Medicaid (Medicaid eligible or Medicaid enrolled) | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> No Health Insurance (VFC Uninsured) | <input type="checkbox"/> Insured (State Vaccine AVAP) |

| | | |
|--|------------|-----------|
| A. Please check YES or NO for each question. If you answer "YES" to one or more of the 4 questions, your child will not be able to get flu vaccine in school unless there is a note from your child's health care provider saying it is okay for your child to get flu vaccine in school. | YES | NO |
| 1. Has your child had allergic reaction to eggs? | | |
| 2. Has your child had an allergic reaction to the flu vaccine or any component of the vaccine in the past? | | |
| 3. Does your child currently have moderate to severe illness with or without fever? | | |
| 4. Has your child ever had Guillain-Barré Syndrome ((a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | | |

Consent for Child's Vaccination:

Yes, I give my permission for the child named above to be vaccinated with the *Flu Injection* (inactivated vaccine). I have read the Vaccine Information Statement for influenza vaccine and understand this consent will be valid for the number of doses recommended for my child's age and immunization history.

Yes, I give authorization for the nurse at Anchorage School District to review & enter immunization records within the **VAC-TRAK system managed by the Epidemiology Section of the Alaska Department of Health and Social Services for my above named child.**

(If this consent form is not signed, then your child will not be vaccinated)

Parent/Guardian Name (PRINT) _____

Parent/Guardian Signature _____ Date signed _____



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Vaccination Record FOR ADMINISTRATIVE USE ONLY

Before vaccinating, review form for child's **name**, contraindications, DOB, and **consent** to vaccinate (Make sure **YES** consent box is marked and signed)

Make sure VFC eligibility is completed.

First Dose—District Use Only

| Vaccine | Date Dose Administered | Manufacturer, Lot#, Expiration date, VIS Date | Vaccinator's Signature | Anatomical Site & Dose |
|-----------|------------------------|--|------------------------|--|
| Influenza | | Manufacturer: Lot #: Expiration Date: VIS Date: | | <input type="checkbox"/> IM** RD <input type="checkbox"/> IM** LD <input type="checkbox"/> DOSE FULL |

Second Dose

| Vaccine | Date Dose Administered | Manufacturer, Lot#, Expiration date, VIS Date | Vaccinator's Signature | Anatomical Site & Dose |
|-----------|------------------------|--|------------------------|--|
| Influenza | | Manufacturer: Lot #: Expiration Date: VIS Date: | | <input type="checkbox"/> IM** RD <input type="checkbox"/> IM** LD <input type="checkbox"/> DOSE FULL |

****FLU INJECTION** RD- Right Deltoid LD- Left Deltoid

Vaccines must be entered in VactrAK within 14 days and Student Information System (SIS- Zangle/Q)