



TOWN OF BRAintree

Braintree Public Schools
348 Pond Street
Braintree, Massachusetts 02184
781-380-0130

2012 School Seasonal Influenza Vaccine Program Consent Form Student Vaccine Administration Record

Information about the person (student) to receive vaccine (please print):

Name: (Last, First, MI)		Birth date:	Age:	Sex: M F
Street address:			Grade:	Homeroom #:
City:	State:	Zip:	Phone: ()	

I have been given the 2012-2013 CDC Vaccine Information Statement. I have read this document and have no further questions at this time. I understand the risks and benefits of influenza vaccine. I request and voluntarily consent that the vaccine be given to my child, of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the side effects and warning of the vaccine.

I understand that my child will bring home a form documenting when the vaccination was administered and I will share this information with my child's primary care provider.

Signature of Parent: _____ Date: _____

The following questions will help us know if your child can receive the 2012 Seasonal Flu vaccine. Please check YES or NO for each question.

- Does your child have a serious allergy to eggs? Yes ___ No ___
- Does your child have a serious allergy to gentamicin, neomycin, polymixin or gelatin? Yes ___ No ___
- Has your child ever had a serious reaction to a previous dose of flu vaccine? Yes ___ No ___
- Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? Yes ___ No ___

List other serious allergies: _____

Vaccine name: Fluzone 0.5ml. Date vaccine administered: BHS 10/22/12 East/South MS 10/23/12

Lot #: AFLUA706AA Expiration: 6/30/2013 Administration site: Left Deltoid

Date VIS given: 10/1/12 Date on VIS: 7/2/12

Name and title of vaccine administrator: Signature on file