

Town of Plymouth
Plymouth Public Schools
253 South Meadow Road
Plymouth, MA 02360
(508) 830-4300

2013 Seasonal Influenza Vaccine Program Consent Form
Student Vaccine Administration Record

Section One: Information on Student Receiving Vaccine

Last Name / First / Middle Init:	/ /	DOB: / /
Address:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M
City, State, Zip Code:		School:
Home Phone:		Home Room:

Section Two: Physician Information

Physician Name: _____
Address: _____
City/State/Zip Code: _____

Section Three: Screening Information

*The following questions will assist us in knowing if your child can receive the 2013 Seasonal Flu Vaccine. Please mark **YES** or **NO** for each question. If you answer **YES** to **one or more** questions, your child will **not be able** to receive the 2013 Seasonal Flu vaccine in school unless there is a note from your child's healthcare provider approving the administration. If you answer **NO** to **all** questions, your child will receive the vaccine depending on availability unless a concern arises following additional screening. If you are not sure of the answers to these questions, check with your child's healthcare provider.*

Section Three Continued: SCREENING QUESTIONS	YES	NO
1. Does your child have a problem eating eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have an allergy to gentamycin, neomycin, polymixin or gelatin?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to flu vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date Given: _____ (month/date/year)	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease) or disease of the lungs, heart, kidneys, liver, nerves or blood?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child take aspirin or aspirin containing medication every day?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child have a weak immune system (for example) from HIV, cancer, or medications such as steroids or those used to treat cancer?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child have close contact with a person who needs care in a protected environment: (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

Section Four: Parental Consent

I have read or had explained to me the 2013-2014 Vaccine Information Statement for the Live Intranasal Influenza Vaccine and understand the risks and benefits. I give consent for my child named at the top of this form to get vaccinated with the Live Intranasal Influenza Vaccine. I also give my permission to the individual/entity that administers the 2013 Seasonal Influenza Vaccine to my child to share copies of this consent form and vaccinations record with my child's school, healthcare provider, the MA Department of Public Health, the local Board of Health in my community, and give permission for these entities to share the consent form and vaccination record with each other. I understand that if this consent form is not signed, dated and returned to my child's school, then my child will not be vaccinated. I also understand that if I do not provide the name and address of my child's healthcare provider, the provider will not be notified of the flu vaccine administration.

Parent/Guardian Signature _____ **Date: Month/Date/Year** _____

Section Five: 2013 Flu Vaccine Administration Information

Name/NDC: FluMist: Sprayer/ 66019-0300-10
Manufacturer: MedImmune

Lot #: BJ2109 **Expiration: 12/23/2013**
Site Administration: Nasal

Date on VIS: 07/26/2013 **VIS Given: 10/29/2013**

Name/Title of Administrator: _____

Date of Administration: 10/29/2013