If you want your student vaccinated for the FLU, complete and return this form to your child's homeroom teacher or you can fill it out online at http://knoxcounty.org/health/schoolflu. If you do not want your child vaccinated, do not fill out either form. 9/1/16

Knox County Health Department — Every Person, A Healthy Person

2016 STUDENT FLU SHOT CONSENT FORM

PLEASE PRINT - All fields are required

Official Use Only	
	Vaccine Source: VFC KCHD verified ☐
	Vaccine Naïve: No Yes
	Vaccine Type: IIV: 6-35m 36m+ 48m+

☐

Student's Name - First: _____ MI: ____ Last: _____

Age: ____ DOB: ____/____/_____ SS#: _____-_____-_____

School: _____ Home Room Teacher: _____ Grade: _____

Home Address: _____ ZIP Code:_____

Gender: ☐ Male ☐ Female Primary Language: _____ Hispanic: ☐ Yes ☐ No

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Other:_____

Primary Insurance (Select One): ☐ CoverKids ☐ TennCare ☐ Private Insurance ☐ No Insurance

Primary Insurance Name: _____ Member ID: _____ Group ID:_____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Secondary Insurance (Select One): ☐ CoverKids ☐ TennCare ☐ Private Insurance ☐ No Secondary Insurance

Secondary Insurance Name: _____ Member ID: _____ Group ID: _____

Insurance Address/P.O. Box: _____ Insurance ZIP Code: _____

Subscriber Name: _____ Relationship to Student: _____ Subscriber DOB: _____

Please answer YES or NO to all questions. Answers are for the person receiving the vaccine.
**** This flu vaccine is a shot ****

		Circle for each question	
1.	Has your child received at least 2 doses of FLU vaccine during his or her lifetime? If unsure, mark No.	**Yes**	**No**
2.	Has your child ever had a severe or life threatening allergic reaction to the flu vaccine such as wheezing or breathing problems? **If yes,** describe reaction:	**Yes**	**No**
3.	Is your child allergic to eggs? **If yes,** describe reaction:	**Yes**	**No**
4.	Has your child ever had Guillain-Barre´ syndrome?	**Yes**	**No**
5.	Does your child faint when they get a shot?	**Yes**	**No**

Consent for Administration of Influenza Vaccine for the above named recipient: I have read information about the vaccine and special precautions on the Vaccine Information Sheet. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to the person above of whom I am parent or legal guardian, and acknowledge that no guarantees have been made concerning the vaccine's success. I hereby release Knox County Government, their affiliates, employees, directors and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination. This consent gives Knox County Health Department permission to file rendered services to your insurance carrier. Consent form is valid 6 months from date of initial signature. **For a copy of the Vaccine Information Sheet visit http://www.immunize.org/vis/flu_inactive.pdf.**

PARENT COMMENTS:

Parent /Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Primary Phone: ( ) _____-_____ Emergency Number: ( ) _____-_____

Official Use Only	Official Use Only
Place **Phase 1** Nursing Record Sticker Here Align with right side of this box	Place **Phase 2** Nursing Record Sticker Here Align with left side of this box