



Influenza Vaccination Clinic 2022-2023 PARENTAL CONSENT FORM

****Regular Seasonal Flu ****

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT INFORMATION		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>
<u>STUDENT'S DATE OF BIRTH</u> Month: Day: Year:	<u>HHCC Chart #</u> Yes or No	<u>STUDENT'S GENDER</u> Male or Female
PARENT/LEGAL GUARDIAN		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>

*** If this is the FIRST time your child (8 years old and younger) is receiving the Influenza vaccine, she/he is required to return to clinic for a booster in 4 weeks. Parent(s)/guardian(s) must make this arrangement. ***

The following questions will help us know if your child can get the 2022-2023 Influenza vaccine.

Section 2: Child Health History

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies that you know of? If so, please list:		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
5. Does your child have any chronic illnesses such as asthma, seizures, heart disease, or other medical conditions that require frequent doctor visits and medications? If you indicate YES, your child will receive a shot.		

Section 3: Consent for Vaccination

<input type="checkbox"/>	I GIVE CONSENT:	I have read and understand the VIS on Inactivated Influenza Vaccine.
<input type="checkbox"/>	I DECLINE:	
	_____ Signature of Parent / Legal Guardian	_____ Date

Please return to your child's school as soon as possible.

For more information about the 2022-2023 Seasonal Influenza vaccine, please call the Hopi Health Care Center at (928) 737-6257.