

HOWARD COUNTY Public Schools Consent Form for SY 2021-22 Flu Clinic

Please Print Clearly in Ink

Fill out this section	Student's LAST Name	Student's FIRST Name	M.I.	Student's Birthdate	Age	Gender	Grade
				/ /		F M Other	
	Parent/Guardian LAST Name	Parent/Guardian FIRST Name	M.I.	Cell/Daytime Phone			
	Address			Email Address			
	City	ZIP Code	School Name		Teacher/Homeroom		

HEALTH INSURANCE INFORMATION – PLEASE FILL OUT COMPLETELY AND ACCURATELY

Please copy this information from YOUR INSURANCE CARD. We will bill your insurance. You will NOT be charged a co-pay or a deductible.

Type of Insurance: Medical Assistance/Medicaid Private Insurance My child does not have health insurance (Your child will not be turned away because of no insurance)

Fill out this section	INSURANCE COMPANY NAME	Member ID Number (write in boxes below)												
		Group Number												

FOR PRIVATE INSURANCE ONLY

Policy Holder's/Insured Adult's Name	Relationship to Student	Insured Adult's Birthdate	Any Other # from Insurance Card
		/ /	

1. Do any of the following apply to your child? (If you answer YES to any question, your child might not be vaccinated.)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has had a serious reaction to a flu vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	Has had Guillain-Barre syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	Has an allergy to a component of the flu vaccine?			

If your child is under 9 years old and has not had a flu vaccination before, she/he may need a second flu vaccination this year. Please check with your health care provider to see if your child needs a second "dose" of the vaccine.

If you have any questions about flu vaccine, please contact your child's doctor or the health department or go to www.flu.gov.

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOUR CHILD TO BE VACCINATED

By signing this form, I give permission for my child to be vaccinated, my insurance company to be billed for the service, and the vaccination to be entered into ImmuNet, and Maryland's immunization registry. Further, I agree that:

- (1) The information above is correct; (2) I have read the Vaccine Information Statement dated 8/6/21 or someone has read it to me;
- (3) I understand the risks and benefits of getting the vaccine I have consented for my child to receive; and
- (4) Any questions I had about the vaccine(s) have been answered;

Signature of Parent/Legal Guardian _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Date of Administration / VIS Given	Vaccine	Vaccine Manufacturer	Lot Number	PRINT Name of Vaccine Administrator