

# Children's Flu Shot Permission Form

Parental Consent for Flu Shot Administration: SLC School District Health Services Clinic, 1470 South 1900 East, SLC, UT 84108

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Number: \_\_\_\_\_

**Please Check One Qualifying Box Below:**

American Indian/Alaskan Native     Non-Insured     Underinsured     CHIP     Medicaid

**2 Seasonal Flu Vaccines Are Being Offered. The cost is \$10.00.**

**Cash or Checks (Make Check out To: SLCSD)**

**Check Which Vaccine You Want Your Child To Receive.**

**FluMist** (Seasonal Influenza Vaccine Live, Intranasal Strains: A/California H1N1, A/Perth H3N2 and B/Brisbane)

*FluMist is Recommended for Healthy People 2-49 years of age. There Are No Preservatives in FluMist.*

Who should NOT get FluMist? If You . . .

- ✓ Have had Guillain-Barré Syndrome
- ✓ Have a weakened immune system or live with someone who has a severely weakened immune system
- ✓ Have diabetes or asthma, are currently wheezing or have a history of wheezing if under 5 years old or are anemic or have other blood disorders, long term problems with your heart, kidneys, lungs or metabolic system
- ✓ Have cancer, leukemia, lymphoma, HIV/AIDS or any other immune system disorder
- ✓ Have certain muscle or nerve disorders, such as seizure disorder or cerebral palsy that can lead to breathing or swallowing problems
- ✓ Are pregnant or nursing
- ✓ Are on home infusions, weekly injections and/or taking Cortisone, prednisone, other steroids, anticancer drugs, amantadine, Enbrel, Humira, Kineret, Relenza, rimantadine Remicade or Tamiflu
- ✓ Have had recent x-ray treatments or received a transfusion of blood or blood products, or been given immune gamma globulin in the past year
- ✓ Are allergic to eggs, gentamicin, gelatin, or arginine
- ✓ Have ever had a life-threatening reaction to influenza vaccinations
- ✓ Are 2-17 years old and take aspirin or medicines containing aspirin
- ✓ Have had a recent live vaccination within the past 4 weeks
- ✓ Are moderately or severely ill with a fever of 100° or above

**Flu Shot** (Seasonal Influenza Virus Vaccine IM Injection, Strains: A/California H1N1, A/Victoria H3N2 and B/Brisbane)

Who should NOT get the Flu Shot? If you . . .

- ✓ Had a serious reaction following a prior dose
- ✓ Are moderately or severely ill with a fever of 100° or above
- ✓ Are allergic to eggs or egg products, gelatin, gentamicin, neomycin or thimerosal
- ✓ Have been paralyzed by Guillain-Barré Syndrome

I have read and understand the information contained on this form and believe I understand the benefits and risks of the flu vaccination. I request the identified vaccine to be given to the person named above. To my knowledge, the student has no conditions that are contraindicated for the vaccine. I certify that the information I provided is true and accurate.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

CLINIC USE ONLY

<input type="checkbox"/> FluMist Intranasal	.2 ml	MedImmune	YK2012	Nurse: _____	VIS 7/26/11	Date: _____
<input type="checkbox"/> Fluzone IM 6 mo	.5 ml	SP	UH476AB R/L Arm	Nurse: _____	VIS 7/26/11	Date: _____
<input type="checkbox"/> Fluarix IM 3 yr	.5 ml	GSK	AFLUA611AA R/L Arm	Nurse: _____	VIS 7/26/11	Date: _____