

ELKO COUNTY SCHOOL DISTRICT
2011-2012 SEASONAL INFLUENZA SCHOOL VACCINE CONSENT FORM

SECTION 1: INFORMATION ABOUT STUDENT (PLEASE PRINT)

Student's Name (Last)		(First)
Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Birth Date	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander
Mailing Address:		City/State/Zip
Physical Address:		City/State/Zip

SECTION 2: HEALTH INSURANCE INFORMATION

Uninsured Medicaid Nevada Check Up Underinsured (Insurance DOES NOT pay for vaccines) Insured

*Both the injectable flu vaccine (the flu shot) and the nasal spray (FluMist®) vaccine are available. However flu shots (injectable vaccine) will NOT be administered at school to students younger than 5th grade. Clinics will be offered at the ECSD Administrative office for elementary students needing the injectable flu vaccine. Check with your School Nurse for dates.
 Please answer the screening questions below to help determine which vaccine is appropriate for your child.*

SECTION 3: SCREENING FOR FLU VACCINE ELIGIBILITY

Please list any serious allergies your child has:

If you answer "YES" to questions 1-4, your child cannot get vaccinated at school with either the injection or the nasal spray influenza vaccine. Contact your healthcare provider to discuss other options.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have an allergy to any vaccine components?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever been diagnosed with Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3a: SCREENING FOR NASAL SPRAY FLU VACCINE ELIGIBILITY

Answer the following questions only if you are requesting the nasal spray flu vaccine. If you answer "YES" to questions 5- 10, your child cannot be vaccinated with the nasal spray vaccine.

	YES	NO
5. Is your child pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child received any vaccines within the last 30 days? Name of Vaccine: _____ Date of Vaccination: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child have asthma, diabetes, or disease of the lungs, heart, kidney, liver, nerves, or blood? <i>While it is important that individuals with these health conditions receive the flu vaccine, the Nasal Spray will not be administered as the injectable flu vaccine is recommended. Students in grades 5-12 can receive the injectable flu vaccine at school with parental consent.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have a weak immune system from HIV, cancer, or medications such as steroids or those used to treat cancer?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child have close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit)?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: CONSENT FOR CHILD'S VACCINATION IN SCHOOL

Children under the age of 8 will receive two doses of flu vaccine (spaced 4 weeks apart) if they did not receive flu vaccine in 2011-2012.
 If your child is 8 years old or younger, please answer the following question: Did your child receive any flu vaccine last flu season (8/2010 – 6/2011)? Yes No

CONSENT FOR INJECTABLE FLU VACCINE

- I have answered NO to Questions 1-4.
- I have read the 2011-2012 Vaccine Information Statement for the Inactivated Influenza vaccine, and request that the injectable influenza vaccine be given to the student named above for whom I am authorized to make this request.
- I authorize Elko County School District or the Nevada State Health Division to enter this information into the Nevada Immunization Registry.

Signature of Parent/Legal Guardian _____ Date _____

CONSENT FOR NASAL SPRAY FLU VACCINE

- I have answered NO to Questions 1-10.
- I have read the 2011-2012 Vaccine Information Statement for the Live, Intranasal Influenza Vaccine, and request that the nasal spray influenza vaccine be given to the student named above for whom I am authorized to make this request.
- I authorize Elko County School District or the Nevada State Health Division to enter this information into the Nevada Immunization Registry.

Signature of Parent/Legal Guardian _____ Date _____

Immunization fee enclosed: _____ Cash Check (make payable to Elko County School District)

SECTION 5: FOR ADMINISTRATIVE USE ONLY

VACCINE	ADMIN DATE	Route	MANUFACTURER/LOT NUMBER	NAME/TITLE OF VACCINE ADMINISTRATOR
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