

## Marquette County Health Department

428 Underwood Ave

Montello, Wi 53949

(608)297-3135

### Consent and Administration Record – School-Based Flu Immunization Clinic

Information about the student receiving vaccine(s) – please print				
Child's last name	First name		MI	
Street Address	City	State WI	Zip	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's maiden name	Phone number (where you can be reached on date of clinic)

Questions about the student receiving vaccine(s)		Yes	No
1	Is your child sick today? <b>If your child is showing signs of illness on the day of vaccine administration, it is up to the discretion of the nurse whether or not to give your child the vaccine.</b>		
2	Has your child had a serious reaction to a vaccine, medication, food or latex in the past?		
3	Does your child have a health problem with their lungs, heart, kidney or a metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?		
4	Does your child have seizures, a brain or nervous system disorder?		
5	Does your child have cancer, leukemia, HIV/AIDS, or any other immune system problem?		
6	Has your child taken any medications that affect their immune system such as steroids, chemotherapy, anti-cancer drugs, or had radiation treatments in the past 3 months?		
7	Has your child received any other immunizations in the past 30 days?		
8	Is your child pregnant, or is there a chance she could become pregnant in the next month?		

Signature of Parent/Legal Guardian	Date Signed
Printed name of Parent/Legal Guardian	Date Signed
Relationship to Child	

\*\*\*\*\*For Clinic/Office Use\*\*\*\*\*

Clinic/Office Address: Marquette County Health Department

Date Vaccine Administered: \_\_\_\_\_

Vaccine Manufacturer: Sanofi Pasteur Inc

Vaccine Lot Number: UT8038LA

Site of Injection: Left Deltoid Right Deltoid

Route of Administration: IM

Signature of Vaccine Administrator: \_\_\_\_\_

Title of Vaccine Administrator: RN