

I would like my child to receive their flu vaccine: During the school day, without a parent or guardian present
 After school so I can be there

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? 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.		
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