



Influenza Vaccine Consent 2024 - 2025

MacDuffie School Health Center 66 school St Granby, MA (413) 255-0011

Student Name: _____ Date of Birth (M/D/Y): _____

Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answered "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.

Please mark **YES** or **NO** for each question.

	YES	NO
1. Do you have allergies to a vaccine component or to latex?		
2. Do you have any other serious allergies? If so, list allergy: _____		
3. Have you ever had a serious reaction to a vaccine in the past?		
4. VFC Eligibility VFC Eligible (yes) - Medicaid/MassHealth, Uninsured, Underinsured, American Indian/ Alaskan Native NOT VFC Eligible (no) - Private Insurance		

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the updated Vaccine Information Statement (VIS) for the seasonal influenza vaccine and understand the risks and benefits.

Please review the VIS at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

By my signature below, **I GIVE CONSENT** to The MacDuffie School authorized medical staff for my child, named at the top of this form, to be vaccinated with the Influenza vaccine.

Signature of Parent/Legal Guardian _____ Date (d/m/y) ___ / ___ / _____

Nursing use only:

Date Administered: ___ / ___ / _____

Manufacturer:

Lot:

Expiration:

Reactions:

___ None

___ Yes: _____

Deltoid: L R

VIS Given Date of Publication: 8/6/2021

Administered by (print): _____

Administer by (signature): _____