

Door County Public Health 920-746-2234

Consent to Receive Vaccine Form 2021-2022

Complete this form for your child to receive **FREE Flu** vaccine.

Information will be recorded on the Wisconsin Immunization Registry (WIR)

(PLEASE PRINT CLEARLY)

Student's Last Name:	First Name:	Middle:	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State	Zip Code
Name of Parent or Guardian Responsible for Student if under 18: (Last, First, M.I.)			Relationship to Student	
Parent/Guardian Daytime Phone Number(s) ()	Name of School		School Grade	

Please answer the following questions (circle Yes or No):

Does the child have allergies to medications, food, or a vaccine component, eggs, or latex? Please list:	YES	NO
Has the child ever had a serious reaction to a vaccine in the past?	YES	NO
Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g. diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	YES	NO
Does the child have a chronic medical condition (asthma, diabetes, heart, lung or kidney diseases)?	YES	NO
Has the child, a sibling, or a parent had a seizure; has the child had brain, or other nervous system problems?	YES	NO
Has the child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?	YES	NO
Does the child have cancer, leukemia, AIDS, or any other immune system problem?	YES	NO
In the past 3 months, has the child taken any medications that weaken their immune system such as cortisone, prednisone, other steroids, anticancer drugs, or had radiation treatments?	YES	NO
Does the child have close contact to someone whose immune system is severely compromised and must be in a protected environment or isolation? (ie, someone who has recently had a bone marrow transplant?)	YES	NO
In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	YES	NO
Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	YES	NO
Has the child received vaccinations in the past 4 weeks? Please list:	YES	NO
Injectable vaccine information https://www.immunize.org/vis/flu_inactive.pdf ; flu mist vaccine information https://www.immunize.org/vis/flu_live.pdf I have read, or have had explained to me, information about the disease(s) and/or 2020-2021 Seasonal Influenza vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request. Consent can be revoked by notifying Door County Public Health at 920-746-2234.		

By signing below, I am authorizing that my child receive either nasal mist or injectable influenza vaccine:

- My preference is: Seasonal Influenza Injectable vaccine
 Seasonal Influenza Flu Mist vaccine (intra-nasal spray)

*We will honor your preference as supply allows

SIGNATURE Person to receive vaccine (18yrs+) or person authorized to sign on the child's behalf	Date Signed
X	

FOR OFFICE USE ONLY: Seasonal Flu			
Route: IM or IN	Site: LD or RD or IN	Manufacturer: GSK Medimmune Seqirus	
Lot No: _____			
Given by: _____		Date Given: _____	