

Please read carefully: King's Daughters ("KDMC", "we" or "us") will have influenza ("flu") vaccinations available at the school listed below during the fall. In order to receive a flu vaccination, student must have a separate consent for services form on file at school, completed and signed by student's parent or legal guardian. Please sign below as parent/guardian if you give permission to King's Daughters to administer the flu vaccination to student.

1. STUDENT INFORMATION

Today's date: / /

School district: _____

School location: _____

Student name: _____

Gender: Male Female

Date of birth: / /

Does the student have allergies to food, medications or environmental pollens? Yes No

If yes, please list: _____

Is the student in foster care? Yes No

If yes please provide the name of the social worker and the agency: _____

2. FLU VACCINE DELIVERY

- The **flu injection** is given in the muscle and not recommended for individuals with severe allergies, allergies to **eggs/gelatin/antibiotics**, or a history of Guillain-Barre Syndrome.

Has student ever received a flu vaccine in the past?..... Yes No If yes, please indicate number of doses: _____

Clinic/pharmacy name(s) of where provided: _____

Did student receive a dose of flu vaccine in: _____ ?..... Yes No

indicate school year

3. CONSENT AND PERMISSION

By my signature below, I certify that I have read and understand the influenza vaccination information form that was provided to me as well as the above description of the vaccine type. By my signature below, I further certify that I give my consent for student to receive a flu vaccination as indicated above and agree that the information provided herein is true and accurate to the best of my knowledge.

Parent/legal guardian (printed): _____

Parent/legal guardian signature: _____

OFFICE USE ONLY

Lot #: _____

Exp. date: _____

Manufacture: _____

VS (T): _____

(P): _____

Provider initials: _____