



# INFLUENZA VACCINATION CONSENT

(Please Print)

**\*\* NASAL VACCINE IS NOT AVAILABLE \*\***

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ MALE FEMALE RACE \_\_\_\_\_

**Parent/Guardian Information**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CHILD MUST FALL INTO ONE OF THE 3 CATEGORIES BELOW. PLEASE COMPLETE THE CATEGORY WHICH APPLIES.

**CATEGORY #1 ELIGIBLE FOR FREE VFC VACCINE BECAUSE: (check one)**

- Medicaid Please give ID # \_\_\_\_\_
- American Indian/Alaskan Native \*
- No Health Insurance \*
- Insurance Does Not Cover Vaccines \*

\* Attach \$20 cash, or a check made payable to "JCHD" to cover the cost of the administration fee, or check box if unable to pay

I am unable to pay the \$20.00 administration fee

**Note:** Medicaid patients do NOT need to pay administration fee, or check the box. This only applies to those who are either American Indian/Alaskan Native, No Health Insurance, or Insurance Does Not Cover Vaccines.

**CATEGORY #2 INSURED WITH ONE OF THE INSURANCE COMPANIES LISTED BELOW**

(Circle company name and fill in policyholder information)

Actna Anthem (BC&BS) Cigna Encore Humana MedBen Sagamore TriCare United Healthcare

**POLICYHOLDER**

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

**CATEGORY #3 (Patient does not meet Category #1 or Category #2)**

**PAY FOR SERVICES WITH CASH OR PERSONAL CHECK**

Attach \$20.00 cash, or a check made payable to "JCHD" to cover the vaccine cost.

The administration fee for private pay patients is automatically waived, according to the private pay policy.

**HEALTH SCREENING: Answer all questions about the person who will receive the vaccine.**

Yes No Does the child have any allergies to eggs or any component of the influenza vaccine?

Yes No Has the child had a serious reaction to the influenza vaccine in the past?

Yes No Has the child ever had Guillain-Barré Syndrome?

I have read the VIS statement for the vaccine to be administered and understand the benefits and risks of the vaccine.

I authorize the staff of JCHD to administer the Influenza vaccine to the patient named above.

I acknowledge receipt of the "Notice of Health Information Privacy Practices". (paper copy available at JCHD)

If applicable, I authorize JCHD to bill my health insurance and request payment of authorized insurance benefits be made directly to JCHD.

I understand if insurance does not cover services, that I will be responsible for payment of these services.

SIGNATURE (Parent/Guardian if patient under 18 yrs) \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

Parents and or Guardians:

Please return the Flu Consent By FRIDAY SEPTEMBER 23,2016 if you want your student to have a Flu Shot at school!

This is the last day they can be accepted.

Nasal Vaccine is no longer available because they found it was not as effective!!

Flu Shots will be given the last week of October in Madison Schools!

Thank You

Madison School Nursing Staff