

**RSU 54/MSAD54**

**PERMISSION TO VACCINATE STUDENT - 18 years old and younger  
with Influenza Vaccine Injection (FLU-shot) 2020-2021 Season**

Student's Name:		Date of Birth: / /	Age:	Sex: M      F
Street Address:		Town/City:		Zip Code:
Grade:	Teacher:			

**Screening for *Vaccine for Children Program* is required to use federal and state supplied vaccines. All children are eligible to receive the vaccine provided through the Maine Immunization Program:**

- is enrolled in Medicaid (**MaineCare**)
- does NOT have health insurance
- is an American Indian or Alaska Native
- is privately insured (Still qualifies for Maine supplied vaccine & insurer will not be billed)

Screening for vaccine	Circle One		If YES:
Has the student ever had a severe reaction to influenza vaccine?	NO	YES	Immunization is contra-indicated. Refer to PCP
Does the student have a history of Guillian-Barre syndrome?	NO	YES	Refer to PCP
Does the student have a severe (life-threatening) allergy to eggs?	NO	YES	Refer to PCP if egg-free vaccine not available.

**PERMISSION TO VACCINATE:**

- I was given a copy of the Influenza Vaccine Information Sheet (dated 8/15/2019), I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine;
- I give permission for a record of this vaccination to be entered into the Maine Immunization Information System, ImmPact;
- **I give permission for the Influenza vaccine to be given to the person named above by signing below.**

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent or guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

**Printed name of parent or Guardian:** \_\_\_\_\_ **Daytime phone #** \_\_\_\_\_

**Administration:**

Influenza, inactivated 0.5ml **IM**      circle one:    **LEFT** deltoid -or-    **RIGHT** deltoid

Sticker from prefilled syringe or:

Manufacturer/Brand:	Vaccine provider:(sign)_____
Lot:	Vaccine provider (print)_____
Expiration:	Date_____