



To: Parents of Catholic School Students

From: MaryLou Cunningham, RN, NCSN, MHS

The Saint Alphonsus School Health Program is pleased to offer the flu vaccine for all students during the 2018-2019 flu season. Please read, fill out, sign and return this consent form if you wish for your child to receive a flu vaccine at school. We will only be offering the injectable flu vaccine this year.

There is no cost to the students for the flu vaccine.

Vaccine Information Sheet is available on the CDC website, school website or attachment to school newsletter. Injectable vaccine: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

Please read and sign the consent form below for your student to be immunized at school for Influenza. Please contact your school office with any questions. \_\_ St. Joe's \_\_ St. Mark's \_\_ Sacred Heart \_\_ St. Mary's  
\_\_ Bishop Kelly \_\_ St. Paul's \_\_ St. Ignatius

**CONSENT FOR 2018-2019 FLU VACCINE**

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

I have read the information about the Flu vaccine. To the best of my knowledge, my child is not pregnant and has not had an allergic reaction to this vaccine. I understand the benefits and risks of receiving the vaccine and assume full and complete responsibility for any liability that may arise as a result of the administration of the vaccine. I request that the Flu vaccination be administered to my child and I release and indemnify the Roman Catholic Diocese of Boise and Bishop Kelly High School from any claims arising as a result of the administration of the vaccine to my child.

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

For state records, the following questions must be answered (all children are eligible, regardless of the answers to these questions):

VFC Eligible: Medicaid\_\_  
VFC Eligible: American Indian/Alaskan Indian\_\_  
VFC Eligible: Uninsured\_\_ Underinsured\_\_  
Not VFC Eligible: Private Insurance Pays for Vaccines\_\_  
Student Insurance Carrier is: \_\_\_\_\_

<input type="checkbox"/> Consent Received
<input type="checkbox"/> Recorded on vaccine worksheet
<input type="checkbox"/> Recorded on School Master
<input type="checkbox"/> Recorded on IRIS

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

1<sup>st</sup> Dose (at elected date)

Given IM Right / Left Deltoid Muscle or Nasal route:

Date Administered:	Lot #: Manufacturer	VIS Date	VIS Given	Administered by RN:
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