



# FREE FLU SHOTS AT SCHOOL

Turn Over To Sign Consent Form



In Partnership with:

Alameda County Public Health Department | California Department of Public Health | Local School Districts

## HOW TO GET A FREE FLU SHOT FOR YOUR STUDENT

- ① Read all of the information on this page.
- ② Answer **all** of the questions **on the back** of this consent form. **Please fill out one form per student.**
- ③ **Sign** your name at the end of the consent form.
- ④ Give this form to your student's school right away.

### SPREAD FUN! NOT FLU.

- Flu is a serious illness. Pediatricians recommend flu vaccines for all kids every year.
- Research shows that when kids get vaccinated, they miss fewer school days. Parents/guardians may miss fewer work days too.
- When kids are vaccinated for the flu it also protects the people around them, including babies and the elderly.

### IT'S SAFE, EASY, AND CONVENIENT.

- The flu vaccine will be given at school, during school hours, by trained nurses and supervised nursing students.
- The vaccine is provided by the health department. It's the same vaccine your student would get from your usual doctor or clinic.
- This service is **FREE** to participants.

**PARTICIPATION IS OPTIONAL.** If you want your student to receive the flu vaccine at school, complete this consent form. Even if you complete a consent form, students who are physically resistant may not be vaccinated.

### BENEFITS AND RISKS

- Benefits include: It can keep your student from getting the flu and makes flu illness milder if they do get sick.
- Risks include: mild to severe reaction and side effects like pain at the injection site, fever, and aches.

**Your student should not get a flu vaccine if they have had a severe/life-threatening reaction after any vaccination or have ever had Guillain-Barre Syndrome (GBS).**

**Review the Influenza Vaccine Information Statement (VIS) for more information - available at your student's school, the health department, and at [shootheflu.org/consent](http://shootheflu.org/consent).**

**Alameda County Public Health Department (ACPHD) Privacy Practices:** Your health information is confidential and is protected by law. It is our responsibility to protect this information as required by law and to provide you with a Notice of Privacy Practices. You may find a complete copy at [shootheflu.org/consent](http://shootheflu.org/consent), ask for a copy from ACPHD, or see it at school on Vaccine Day.

**The California Immunization Registry (CAIR)** is a confidential and secure computer system run by the California Department of Public Health that makes vaccination information available to healthcare providers, including many local pediatricians. ACPHD will put information about your student's flu vaccination into CAIR as authorized by California State law. To learn more about CAIR, go to [cairweb.org](http://cairweb.org).  Check this box if you DO NOT want your student's flu vaccination to be shared with healthcare providers who use CAIR.

**If you have any questions, need copies of the VIS or Notice of Privacy Practices, or need help completing this form, please contact the Alameda County Public Health Department Immunization Program at 510-267-3230 or visit [ShootheFlu.org](http://ShootheFlu.org)**





# FLU SHOT CONSENT FORM

**\*\* ONE PER STUDENT \*\***

## STUDENT'S INFORMATION

Student's First Name

Student's Last Name

Student Date of Birth

Month                      Day                      Year

Age

Student is:  Male  Female

Home Address

Zip

Name of School

Teacher/Room #

Grade

Parent/Guardian Email

Phone #

Mother's First Name

*Mother's first name is used to help identify students in CAIR.  
For more information on CAIR, see the reverse side.*

May we contact you for feedback on how to improve this program?

Yes  No

## STUDENT'S HEALTH INSURANCE

This service is free. Your health insurance company may help pay the cost of your student's immunization but you will not be charged.

Health Insurance Number

Alameda Alliance—Medi-Cal

Blue Cross—Medi-Cal

Kaiser—Medi-Cal

No insurance

United Health Care

Blue Cross—Private

Kaiser—Private

Cigna

Blue Shield

Health Net

Aetna

Other: \_\_\_\_\_

## STUDENT'S RACE OR ETHNICITY (Choose all that apply)

We ask this question to help us ensure equitable access to the program.

Asian

American Indian or Alaskan Native

Black or African American

White

Native Hawaiian or Other Pacific Islander

Hispanic or Latino

## MEDICAL QUESTIONS – YOU MUST ANSWER EVERY QUESTION

① Is your student allergic to latex?

Yes  No

② Is your student allergic to eggs?

Yes  No

③ Has your student ever had a serious reaction to any vaccine?

Yes  No

④ Has your student ever had a severe muscle weakness called Guillain-Barré Syndrome?

Yes  No

## SIGNATURE AND CONSENT

When I (parent/guardian) sign my name, it means these things:

- I give permission for the student whose name is listed on this form to receive a flu shot at school.
- I have read or had explained to me the current Influenza Vaccine Information Statement (VIS) and understand the benefits and risks of the flu vaccine.
- I have read or received a copy of the Alameda County Public Health Department Notice of Privacy Practices.

Parent/Guardian sign here **(REQUIRED)**

Date

Printed Name

Your relationship to student:

Mother  Father  Legal guardian

Other: \_\_\_\_\_

Turn Over for Instructions