



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 as soon as possible. We will only be offering the injectable flu vaccine this year. The nasal flu vaccine is no longer available.

There is no cost to the students for the Flu vaccine, and a Vaccine Information Sheet can be found at your schools' front desk or the CDC website.

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:_____

- ☐ Consent Received
- ☐ Recorded on vaccine worksheet
- ☐ Recorded on School Master
- ☐ Recorded on IRIS

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

1st Dose (at elected date)

Given IM Right / Left Deltoid Muscle or Nasal route:

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