

Grade: _____ Teacher: _____ School: _____



Student Immunization Consent

Student Name (First) _____ (MI) _____ (Last) _____

Parent/Guardian Name: _____ Phone Number: (____) _____

Student Date of Birth: Month Day Year Age: _____ Gender: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Insurance Information ****PLEASE ATTACH A COPY OF INSURANCE CARD IF APPLICABLE****

☐ **STUDENT HAS PRIVATE HEALTH INSURANCE** (ex: Aetna, BCBS, United Health)

1.) Please write the A.) **Primary Health Insurance**, B.) **Member ID #**, and C.) **Group #** :

A. _____ Insurance Company B. _____ Member ID # C. _____ Group #

2.) Include any A.) **Secondary Health Insurance** B.) **Member ID #**, and C.) **Group #** :

A. _____ Insurance Company B. _____ Member ID # C. _____ Group #

3.) Is student the primary insured? ☐ Yes ☐ No

- If NO, please list the Name and Date of Birth of the primary insured: (in most cases this is the parent)

Name: _____ Date of Birth: _____

☐ **STUDENT HAS SOONERCARE/MEDICAID** SoonerCare/Medicaid ID #: _____

☐ **STUDENT IS UNINSURED**

☐ **STUDENT IS AMERICAN INDIAN OR ALASKA NATIVE**

Medical Questions & Consent

Write vaccine(s) you consent for student to receive and answer the corresponding questions

- **Tdap** – 7th grade enrollment requirement; **Answer 1-5**
- **Meningitis 4 strain (ACYW)** - recommended all students 11 – 18; **Answer 1-5**
- **HPV (Gardasil)** – recommended all students 11-18; **Answer 1-5**

▶ I consent for my student/child to receive the following vaccines: _____

_____, _____, _____, _____

Answer all of the questions in this section:

	YES	NO
1. Is your student sick today or have a high fever?	<input type="radio"/>	<input type="radio"/>
2. Does your student have allergies to antibiotics, egg, gelatin, latex, yeast, or any vaccine ingredient?	<input type="radio"/>	<input type="radio"/>
3. Has your student ever experienced a serious reaction after receiving a vaccination?	<input type="radio"/>	<input type="radio"/>
4. Has your student experienced Guillain-Barre, swelling of the brain, seizure, or other nervous system problems <i>after</i> a vaccination?	<input type="radio"/>	<input type="radio"/>
5. For Young Women: Is the student pregnant?	<input type="radio"/>	<input type="radio"/>

SIGNATURE ON BACK

Student Immunization Consent Form

Consent & Signature

I consent and authorize my child to receive immunization(s) from Passport Health Oklahoma without my physical presence. I understand that Passport Health Oklahoma maintains the right to decline immunization to my child if he/she is unruly and presents a risk for unintentional needle-stick to staff or student. I have had a chance to read and ask questions regarding the immunization(s) offered and any questions have been answered related to benefits/risks of the vaccines offered. I authorize the vaccine administered to be recorded with the OK State Health Department and reported to school, district, or pediatrician if requested.

- I AGREE & **DO** give consent for my student to receive vaccine(s) listed on front. **Initials:**_____

Parent/Guardian Signature:_____ **Date:** _____

- I DECLINE & **DO NOT** give consent for my student to receive vaccine(s). **Initials:**_____

Participation is Optional. Only students with a completed consent form will receive vaccine.

It's safe, easy, and convenient.

- Vaccines will be given at school, during school hours, by trained nurses from Passport Health Oklahoma.
- The vaccines are the same as what your student would get from your usual doctor or clinic.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.

There are no upfront charges/fees. All vaccines will be submitted to your child's insurance or obtained through the Vaccines For Children (VFC) Program. There is no copay due for this service, and most insurance companies pay 100% for vaccines. Children eligible for the VFC Program include any child enrolled in SoonerCare/Medicaid, or are Native American, Native Alaskan, or uninsured.

How will my child's shot record be updated?

Immunizations are entered into the Oklahoma State Immunization Information System (OSIIS), a shared registry with doctor offices and County Health Departments.

Vaccine Information Sheets (VIS) from CDC can be found online or direct at;

<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

Questions about this form or any vaccine, please call Passport Health Oklahoma

OKC 405-563-8961 Tulsa 918-770-4290

VFC	NON VFC	<u>Office Use Only</u>			
Vaccine	Manufacturer	Lot #	Exp Date:	RA LA IM SQ Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA LA IM SQ Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA LA IM SQ Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA LA IM SQ Injection Site:	VIS Edition Date:

Nurse provided immunization(s) to patient without difficulty and patient was observed showing no adverse reactions.

Nurse reviewed, administered injection(s), and VIS provided by:_____ Date:_____

Nurse NOTES: