NEW MEXICO DEPARTMENT OF HEALTH

School Influenza Immunization Consent
FLU SHOT ONLY – SKIIP 2018 – 2019

Please fill in form completely – required fields are marked with an asterisk (*)

For school office use: Place sticker/stamp with school

If you would like your child to be given a flu shot at school, fill in this form completely and print <u>in all capitals</u>, including complete insurance information and return to the school nurse by (date)_____

***Student's Legal Last Name**:	***Student's Legal First Name:**	**MI:**
***Date of Birth**:_____/_____/_____ Month/ Day / Year	***Mother's Maiden (birth) Name:**	***Mother's First Name:**
***Mailing Address**:	***City:**	***State**: NM ***Zip:**
***Phone Number**:	**Student ID#:**	**Teacher Name:**_____ **Grade:**_____
***Sex:** ☐Female ☐Male	**Race:** ☐American Indian/Alaskan Native ☐Black or African American ☐Asian ☐Native Hawaiian/Other Pacific Islander ☐White ☐Other	**Ethnicity**: ☐Hispanic/Latino ☐Non-Hispanic/Latino

INSURANCE INFORMATION – Please mark appropriate category – REQUIRED*

☐**Medicaid: Select your Centennial Care Plan:** ☐Blue Cross Blue Shield ☐Molina Healthcare ☐United Healthcare ☐Presbyterian ☐Other:_____

Centennial Care (Medicaid) Card ID #: _____Health Insurance Member ID #: _____Group #:_____

☐**No Insurance**

☐**Private/Commercial Insurance** – Please list name of insurance: _____

Health Insurance Member ID/ Subscriber #: _____Group #:_____

MEDICAL SCREENING QUESTIONS – REQUIRED*

For parents/guardians: If you answer yes to any of questions <u>1-4 below</u>, your child may <u>not</u> be able to be vaccinated at school. The nurse will assess eligibility based on the answers. ***ONLY INJECTABLE** vaccine will be available.*	**Yes**	**No**	**I don't know**
1. Does your child have a severe allergy (difficulty breathing, swollen face/lips, recurring vomiting) to eggs?	○	○	○
2. Has your child ever had a serious reaction to flu vaccine in the past, or developed Guillain-Barré syndrome (a temporary severe muscle weakness)?	○	○	○
3. Does your child have hemophilia (a severe bleeding disorder)?	○	○	○
4. Does the child have allergies to latex? (If so, latex gloves will not be used.)	○	○	○
5. Has your child received a flu vaccine this school year—since August 2018? If so, date given:_____	○	○	○
6. Has your child received at least two doses of the flu vaccine before July 2018?	○	○	○

CONSENT FOR CHILD'S VACCINATION IN SCHOOL – REQUIRED*

I have read or had explained to me information in the current Injectable Influenza Vaccine Information Statement. I understand the benefits and risks of the influenza vaccine and consent to the above-named child receiving influenza vaccine at school. Unless I sign a statement signifying otherwise, I consent to immunization information being entered into the New Mexico Statewide Immunization Information System (NMSIIS) and being released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The Revised NMDOH Privacy Policy is available at http://nmhealth.org/help/privacy/ and will be provided to all students when they receive an immunization.

I will contact the school nurse to withdraw this consent if this child is immunized <u>before the date</u> of the school clinic.

Signature (Parent/Legal Guardian):**_____Date:**_____

***Print Name (Parent/Legal Guardian):**_____

FOR CLINIC USE ONLY – All data elements below are required* **CURRENT VIS Date: 8-7-2015**

Vaccine	**Vaccine Admin. Date**	**Lot #**	**Site/ Route**	**Vaccine Expiration Date**
☐IIV Flucelvax (Seqirus) ☐Other_____			☐R Deltoid ☐L Deltoid ☐ Other_____	

Vaccinator:

_____ _____

(Print Name & Title Name) (Signature) Preceptor name & credentials

VIS Date given to parent/patient – Required* (Stamp or print)	**VFC PIN #:** (If applicable)	**Notes:**

NMSIIS Data Entry: |	**TransactRx Data Entry:** |

DIRECT NMSIIS ENTRY OF VACCINES ADMINSTERED IS REQUIRED. FOR NM DOH OUTREACH: Data must be entered into TransactRx within 30 days of the date of service.

This form was designed for NM DOH public health offices and program use only. NM DOH is not responsible for data entry or vaccine administration from outside health entities and expressly disclaims liability for any associated errors as a result from utilization of this form.