

# STUDENT FLU SHOT REGISTRATION AND CONSENT FORM

2020-21 School Year

Student's Last Name:	First:	Middle:
Date of Birth:	Sex: M F	Phone:
Address:		
Zip code:	Parent Email:	

School:
Grade:
Teacher:

Name of Insurance Company (attach copy of card):	
Name as appears on Insurance Card:	
Policy holder's date of birth:	Sex: M F
Insurance Contract or I.D. Number:	

I give permission for my child to receive the FLU SHOT as indicated on this form. I have read the influenza vaccine information sheet provided at <a href="https://schoolfluvaccines.wix.com/home">https://schoolfluvaccines.wix.com/home</a> .	
Parent/Guardian Signature: _____	Date _____
Parent/Guardian Name (PRINT): _____	

**ONLY FLU SHOTS  
WILL BE AVAILABLE  
AT THIS YEAR'S  
SCHOOL FLU VACCINE  
CLINIC**

**\*\* Vaccination cannot be administered unless the form is complete and copy of insurance card attached.**

**\*\*\*\*OUR STAFF WILL NEVER FORCE A CHILD TO RECEIVE A FLU SHOT.\*\*\*\***

For office use only:
PA _____ F _____
Notes:

**PLEASE PRINT CLEARLY.**