



Alabama Immunization Partners, in association with your school system, is offering influenza vaccine to your child at one of our school-based immunization clinics. Our partnership follows a resolution passed by the Alabama State Legislature to establish school-based influenza clinics throughout our state.

**For the 2018-19 flu season Flumist (the nasal spray version of the flu vaccine) and Flu Shots will be available through our clinic based on recommendations from the Centers for Disease Control (CDC). Please make sure to clearly mark your choice on the registration form.**

If you are interested in having your child vaccinated at the school based immunization clinic you are required to do the following:

- Complete the Student Influenza Vaccine Registration and Consent Form.
- SIGN the Student Influenza Vaccine Registration and Consent Form – Your child cannot be vaccinated without your signature.
- Provide a copy of your child's insurance card (front and back), or indicate if your child does not have insurance coverage.
- Return both the completed form and insurance copies to your school.
- We cannot administer vaccine if we do not receive all documentation completed in its entirety.

**Flu vaccine clinics for Homewood City Schools are scheduled for the week of October 8<sup>st</sup>-October 12<sup>th</sup>.** We will provide you with a vaccine card which includes the date and type of vaccine administered to each child.

Please be advised that we will not physically restrain your child in order to give them a flu vaccine. If your child is afraid or resistant to receiving the vaccine, we will recommend that you take your child to his or her pediatrician for vaccination.

Thank you for your participation in our clinic, and we hope that you will find this service beneficial. If you have any questions please talk to your school nurse or refer to our website at <https://schoolfluvaccines.wix.com/home>.

*All information will be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).*

**\*\*\* Completed forms are due to the school office by Friday, September 21<sup>st</sup>. \*\*\***

# STUDENT FLU VACCINE REGISTRATION AND CONSENT FORM

2018-19 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:	

*** Children on a medically prescribed aspirin regimen may NOT receive Flumist.
*** If I choose Flumist for my child I verify that my child is not on a medically prescribed aspirin regimen.

****OUR STAFF WILL NEVER FORCE A CHILD TO RECEIVE A FLU VACCINE.****	
I give permission for my child to receive a flu vaccine 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): _____	

<p style="text-align: center;"><b>CIRCLE THE VACCINE REQUESTED</b></p> <p style="text-align: center;"><b>FLU SHOT</b></p> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;"><b>FLUMIST (Nasal Spray)</b></p>
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For office use only:
PA _____ F _____
Notes:

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

**PLEASE PRINT CLEARLY.**