

Rev 9/08/2009

**Central Coast VNA & Hospice
Influenza IMMUNIZATION
PREPAYMENT/CONSENT FORM**

PLEASE PRINT

Student Name: _____ (Last) _____ (First)

Date of Birth: _____ School Name: _____

Parent's (or Guardian's) Name: _____

Telephone Number: _____

_____ I would like my son/daughter to receive the *FluMist, Live*, intranasal influenza vaccine.

_____ I have enclosed a check in the amount of \$30.00, written to VNA.

For questions, please call the VNA Immunization Coordinator (831) 372-6668 ext. 2119.

Please complete the bottom of this authorization form if the student is under age 18 and the parent or guardian will not be present at the time of the vaccination.

STUDENTS UNDER 18 YEARS OF AGE Informed Consent to Administer Influenza Vaccine

I, the undersigned, authorize the nursing staff at VNA to administer *FluMist*™ to cover seasonal Influenza Strains A/Brisbane/59/2007, A/Brisbane/10/2007 and B/Brisbane/60/2008.

I understand that FluMist is a vaccine approved for the prevention of certain types of influenza disease in children, adolescents and adults 2-49 years of age and that FluMist is for intranasal administration only.

I acknowledge that FluMist will not be given to: people with history of hypersensitivity to eggs, egg proteins, gentamicin, gelatin or arginine; people with life-threatening reactions to previous influenza vaccinations; and children and adolescents receiving aspirin or aspirin therapy.

I understand that FluMist cannot be given in certain situations: children with asthma, active or recurrent wheezing; people with a history of Guillain-Barre syndrome; people with weakened immune system; people with long-term medical conditions including heart disease, kidney disease, and metabolic diseases, such as diabetes; and pregnant women.

If your child falls into one of these groups, see your healthcare provider for immunizations.

I will be alert to potential side effects, which may include runny nose or nasal congestion, sore throat, low-grade fever.

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