

Central Coast VNA & Hospice
**2010-2011 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 2010-2011 Influenza Vaccination.

I have enclosed a check in the amount of \$30.00, made out to VNA. If you have any questions, please call the Immunization Information Line, (831) 648-3777 or Immunization Coordinator at (831) 372-6668 ext. 2119 or visit the VNA website www.ccvna.com.

Pregnant students, students with acute illness, students with an allergic reaction to thimerosal, latex or eggs or students with a immune disorder when the vaccine is to be given should NOT participate in the program.

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.

**FOR STUDENTS UNDER 18 YEARS OF AGE
Informed Consent to Administer**

I, the undersigned, authorize the nursing staff at VNA, to administer *2010-2011 Influenza Vaccine* to my son or daughter in an effort to provide immunization against seasonal flu.

I understand that this vaccine is safe and that the influenza vaccine can provide protection against seasonal flu and is needed every year all through life. The most common side effects of the vaccine include soreness, redness or swelling at the vaccination site.

I have read the literature provided, which outlines the benefits of the vaccine as well as the possible side effects.

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