

Student name: _____

PARENT/GUARDIAN INFORMATION

First Name	Last Name	Address	Phone

☐ Yes, I give my permission for the child named above to be vaccinated with the LAIV: Live attenuated seasonal influenza vaccine (nasal spray). I have read the Vaccine Information Statement(s) and understand this consent will be valid for the number of doses recommended for my child's age and immunization history.

☐ No, I decline permission for my child listed above to be vaccinated with the seasonal influenza vaccine.

☐ No, my child has or will receive the vaccine from another provider.

Parent/guardian signature _____ Date _____

Vaccinator use only: Form reviewed for child's name, contraindications, DOB, and consent to vaccinate

Is the child ill today? Yes No	Date vaccine administered: Vaccinator's Signature:	LAIV #1 Given: Amount 0.2 ml Route: Intranasal	VIS date: 07/26/2011 Manufacturer: MedImmune Lot#: Expiration Date:
Is the child ill today? Yes No	Date vaccine administered: Vaccinator's Signature	LAIV #2 Given: Amount 0.2 ml Route: intranasal	VIS date: 07/26/2011 Manufacturer: MedImmune Lot# Expiration date

Unable to vaccinate this child for the following reason:

Date _____

Refused to receive vaccine ☐

Did not come to vaccination site ☐

Consent form not properly completed ☐

Precaution/contraindication exists ☐

Other _____