

QUINCY PUBLIC SCHOOLS
2009 School Seasonal Influenza Vaccine Program Consent Form
Student Vaccine Administration Record

Information about the person to receive vaccine (please print):

Name: (Last, First, MI)	Birth date:	Age:	Sex: M F
Street address:			
City:	State:	Zip:	Phone: ()

I have been given the 2009-2010 CDC Vaccine Information Statement. I have read this document and have no further questions at this time. I understand the risks and benefits of influenza vaccine. I request and voluntarily consent that the vaccine be given to _____, of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the side effects and warning of the vaccine.

Name of parent (please print) _____

Signature of parent: _____

Date: _____

FOR OFFICE USE ONLY

Vaccine name: Fluzone 0.5ml. Date vaccine administered: _____

Lot # _____ Expiration _____ Administration site: _____

Date VIS given: _____ Date on VIS: _____

Name and title of vaccine administrator: _____