

Henderson County Department of Public Health Student Flu Vaccine Consent Form

Questions? 828-694-6006
www.HendersonCountyFlu.org

1. Student's School: _____
 Student Receiving Flu Vaccine: Last Name _____ First Name _____
 Age: _____ Date of Birth: _____ Gender: Male Female Ethnicity: Hispanic Non-Hispanic
 Race: African Am Am Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander White Other

2. Name of Parent/Guardian: Last Name _____ First Name _____
 Mailing Address:
 Street/ PO Box _____ City _____ State _____ Zip Code _____
 Daytime Phone Number: _____

3. Primary Insurance Accepted Medicaid Health Choice Private Insurance OR Uninsured Child (no charge)

➡ Attach Copy of Insurance Card OR complete the following:

Name of Health Insurance _____
 Subscriber Name _____ Subscriber Date of Birth: _____
 Subscriber Policy No. _____ Group No. _____
 Child Member No. _____ See example

➡

Subscriber Name:	JOHN DOE	01
Subscriber ID:	YPPW123456789	
Members:	JANE	02
	SAM	03

For any other insurance NOT listed on our website <https://www.hendersoncountync.gov/health/page/appointments-fees-insurance>, please pay \$40.00 (Cash or check payable to HCDPH) Amount Received _____

4. A. Has the student ever had a serious reaction to any vaccine? Yes No
 B. Does the student have any chronic medical conditions? If yes, explain: Yes No
 C. Has the student received any vaccines in the past 4 weeks? Which vaccines: Yes No

5. **Consent for Use of Protected Health Information:** I have access to the Notice of Privacy and agree to the use and disclosure of my child's personal health information for health care operations, along with the assignment of payment from the insurer listed above to Henderson County Department of Public Health.

Vaccine Authorization: I have received/viewed the Vaccine Information Statement (VIS) for the flu vaccine and had the opportunity to review and ask questions that were answered to my satisfaction. I understand the risks and benefits of this vaccine and request that flu vaccine be given to my child for whom I am authorized to make this request.

➡ Signature: _____ Date: _____

Office Use Only:	Allyssa Bishop _____	Heather Masington _____	Kim Berry _____
Is child sick today? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alyse Cannaday _____	Jeanna Johnston _____	Krista Nelson _____
<input type="checkbox"/> STATE Eligible	Alice Elio _____	Jessika Robinson _____	Kyndle Frizzell _____
<input type="checkbox"/> PRIVATE Eligible	Amber Reece-Young _____	Judy Swensen _____	Megan Sales _____
DATE of Flu VIS: <u>8/15/2019</u>	Amy Chandler _____	Kayla McGuinn _____	Rebecca Bullock _____
<input type="checkbox"/> NCIR Entered	Bethany Markey _____	Keri Stepp _____	Robbie Goolsby _____
Vaccine: _____	Delores Parris _____	Kelsey Hunsader _____	Sheila Devine _____
Lot Number: _____	Hannah Parks _____	Kim Ball _____	
Route/Site: _____			90471/Z23 \$22
Date: _____			90686/Z23 \$18