

**IMMUNIZATION CLINIC CONSENT FORM
CLALLAM COUNTY DEPT. HEALTH & HUMAN SERVICES**

Check the Box in Front of the Vaccine(s) You Want Your Student to Receive

<input type="checkbox"/>	Influenza Seasonal (Inactivated) Injection	<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	Flumist Seasonal Influenza (Live Vaccine) Nasal	<input type="checkbox"/>	Tetanus/Diphtheria/Pertussis (Tdap)

The amount of Flumist vaccine available may be limited this year. If we do not have enough Flumist Nasal Vaccine to vaccinate everyone who requests it, do we have your permission to administer the injectable influenza vaccine to your student?

- YES Give my child the injectable influenza vaccination
- NO If Flumist is not available, DO NOT VACCINATE MY CHILD

Check the Box that Describes Your Personal Situation

- My child has Medicaid medical coupons
- My child has no insurance
- My child has insurance but it does not cover immunization services
- My child has private insurance that covers immunization services
- My child is Native American or Alaskan Native

Check Box of Your Selected Payment Option

- I have provided a current Medicaid medical coupon for payment
- I have submitted the \$10.00 administration fee for each vaccination selected for a total of \$_____. Do you need a receipt for insurance submission? yes no
- I qualify for application of the sliding fee scale as determined by the enclosed monthly income chart. I have submitted \$_____.

I have reviewed the Vaccine Information Statement(s) (VIS) for the immunizations which I am requesting or have had the information explained to me. I have had the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that it/they be given to me or to the person named below for whom I am authorized to make this request.

Student's Last Name	First Name	Middle
Address	City	State Zip
Birthdate	Telephone Number	
Signature (Parent signatures are required for students who are under 18 years of age.)	Date	