

School Flu Vaccine – Parent, Guardian, or Student (age 18 years or older) Authorization

Instructions: Sign this form only if you would like the student to receive the flu vaccine shot at school.

FluMist® (nose spray) vaccine will not be available in school locations in 2021.

Complete one form per student and return to school by the registration deadline. If you would like a text reminder sent to the middle school or high school student, register online instead at: www.semnic.org/schoolfluclinics.aspx

Flu vaccine information will be stored in the medical record.

Enrollment Information (Complete the county section where student attends school.)

Olmsted (Rochester and surrounding) Dodge (Kasson-Mantorville) Goodhue (Pine Island)	Where does your student go for routine medical care? Your choice determines which clinic staff will give the vaccine and bill student's insurance. <input type="checkbox"/> Mayo Clinic (Mayo Clinic Number: _____) <i>Enter Mayo Clinic number only if you choose Mayo Clinic to vaccinate student.</i> <input type="checkbox"/> Olmsted Medical Center <input type="checkbox"/> Neither
Mower (Austin and surrounding)	<input type="checkbox"/> Mayo Clinic (Mayo Clinic Number: _____) <i>Mayo Clinic is the only provider at your school site.</i>

School Information

School Name	Grade
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Student Information

Student Last Name	Student First Name	Student Middle Name
Student Gender As in Medical Record <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Age	Student Birth Date (mm-dd-yyyy)

Parent or Guardian Information

All fields required if student less than 18 years. (Student age 18 years or older: complete Email and Best Daytime Phone.)

Parent or Guardian Name (First, Middle, Last)	Parent or Guardian Birth Date (mm-dd-yyyy)
Parent or Guardian Address (Street, City, State, ZIP Code)	
Email	Best Daytime Phone (during school clinic)

Check All That Apply (you must choose at least one)

- Student: ☐ Is enrolled in a Minnesota Health Care Program:
- ☐ MN Medical Assistance (MA)
 - ☐ Minnesota Care (MNCare)
 - ☐ Prepaid Medical Assistance Program (PMAP)
- ☐ Is American Indian or Native Alaskan
- ☐ Does not have health insurance
- ☐ None of these apply

Answer Yes or No

- ☐ Yes ☐ No Student has had a flu vaccine after June 30 of this year.
- ☐ Yes ☐ No Student has a history of Guillain-Barré Syndrome less than 6 weeks after a previous dose of influenza vaccine.
- ☐ Yes ☐ No Student has had a severe allergic or anaphylactic reaction to any flu vaccines or their ingredients (such as monosodium glutamate or MSG, gentamicin, gelatin, or arginine).

Student will not get the flu vaccine at school if any of the above answers in this section are "Yes."

☐ Check box for permission to give flu shot only. FluMist® (nose spray) will not be available in school locations in 2021.

I have reviewed the risks and benefits on the Vaccine Information Statement (www.immunize.org/vis/) for this vaccine and consent to have student receive the flu vaccine at school. To ensure student safety, I understand clinic nurses may provide comfort holds just as they do in the medical clinic.

Signature of Parent, Guardian, or Student (age 18 years or older)	Date (mm-dd-yyyy)	Relationship to Student
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Staff Only

Site Used <input type="checkbox"/> LA <input type="checkbox"/> RA <input type="checkbox"/> LT <input type="checkbox"/> RT	Lot Number	Expiration Date (mm-dd-yyyy)	Vaccinator Initials
Did not vaccinate: <input type="checkbox"/> Did not report <input type="checkbox"/> Uncooperative <input type="checkbox"/> Information discrepancy _____ <input type="checkbox"/> Other _____			