

# Student Immunization Consent



Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Student Name (First) \_\_\_\_\_ (M) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Student Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## Insurance Information **\*\*PLEASE ATTACH A COPY OF INSURANCE CARD IF STUDENT IS INSURED\*\***

- STUDENT HAS PRIVATE HEALTH INSURANCE** (ex: Aetna, BCBS, United Health)  
Please write the A.) Primary Health Insurance, B.) Member ID #, and C.) Group # :  
A. \_\_\_\_\_ Insurance Company      B. \_\_\_\_\_ Member ID #      C. \_\_\_\_\_ Group #
  - Please list the Name and Date of Birth of the primary insured: (in most cases this is the parent)  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- DOES YOUR STUDENT HAVE A SECONDARY INSURANCE? YES OR NO**
- STUDENT HAS SOONERCARE/MEDICAID** SoonerCare/Medicaid ID #: \_\_\_\_\_
- STUDENT IS UNINSURED**
- STUDENT AMERICAN INDIAN OR ALASKA NATIVE**

## Medical Questions

Check each vaccine that you consent for your student to receive and answer the questions below

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Flu Injection                 | <input type="checkbox"/> Tdap           | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Meningitis 4 strain         |
| <input type="checkbox"/> FluMist<br>(2years - 49years) | <input type="checkbox"/> HPV (Gardsail) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Meningitis B (16 and older) |
|  |   | <input type="checkbox"/> MMR         | <input type="checkbox"/> Other _____                 |

- |  |     |    |
|--|-----|----|
| 1. Is your student sick today or have high fever?  | YES | NO |
| 2. Does your student have allergies to antibiotics, egg, gelatin, latex, yeast, or any vaccine ingredient?   | YES | NO |
| 3. Has your student ever experienced a serious reaction after receiving a vaccination?   | YES | NO |
| 4. Has your student experienced Guillain-Barre, swelling of the brain, seizure, or other nervous system problems after a vaccination?  | YES | NO |
| 5. <b>For Young Women:</b> Is the student pregnant?  | YES | NO |
| 6. Does the student have cancer, leukemia, HIV/AIDS, or any immune system problem such as lupus, MS, rheumatoid arthritis, or Chron's disease?   | YES | NO |
| 7. In the past 3 months, has your student received chemotherapy, radiation, or anti-cancer medications?  | YES | NO |
| 8. In the past 4 weeks, has your student received a cortisone, kenalog, other steroid injection, or taken prednisone or any other steroid by mouth?  | YES | NO |
| 9. Has your student received any vaccinations in the last 4 weeks?   | YES | NO |
| 10. During the past year, has your student received a transfusion of blood or blood products?  | YES | NO |
| 11. Does your student have a long-term health problem with asthma, heart, lung, kidney, liver, or nervous system? (are they younger than 18 and taking aspirin or medications containing aspirin)? | YES | NO |

## Consent & Signature

By signing this form, I consent and authorize my child to receive immunization(s) from Passport Health Oklahoma. I understand that Passport Health Oklahoma maintains the right to decline immunization to my child if he/she is unruly and presents a risk for unintentional needle-stick to staff or student. I have had a chance to read and ask questions regarding the immunization(s) offered and any questions have been answered related to benefits/risks of the vaccines offered. I authorize the vaccine administered to be recorded with the OK State Health Department and reported to school, district, or pediatrician if requested.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participation is Optional.** Only students with a completed consent form will receive vaccine.

**It's safe, easy, and convenient.**

- Vaccines will be given by trained nurses from Passport Health Oklahoma.
- The vaccines are the same as what your student would get from your usual doctor or clinic.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.

**There are no upfront charges/fees.** All vaccines will be submitted to your child's insurance or obtained through the Vaccines For Children (VFC) Program. There is no copay due for this service, and most insurance companies pay 100% for vaccines. Children eligible for the VFC Program include any child enrolled in SoonerCare/Medicaid, or are Native American, Native Alaskan, or uninsured.

**How will my child's shot record be updated?**

Immunizations are entered into the Oklahoma State Immunization Information System (OSIIS), a shared registry with doctor offices and County Health Departments.

VFC     NON VFC

**Office Use Only**

Vaccine	Manufacturer	Lot #	Exp Date:	RA	LA	IM	SQ	Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA	LA	IM	SQ	Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA	LA	IM	SQ	Injection Site:	VIS Edition Date:
Vaccine	Manufacturer	Lot #	Exp Date:	RA	LA	IM	SQ	Injection Site:	VIS Edition Date:

Nurse provided immunization(s) to patient without difficulty and patient was observed showing no adverse reactions.

Nurse reviewed, administered injection(s), and VIS provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse NOTES: