Buffalo County Health and Human Services
Influenza Vaccine Child Consent Form 2025-2026

Section 1: Information about Child to Receive Vaccine (please print)

CHILD'S NAME (Last)	(First)	(M.I.)	**CHILD'S DATE OF BIRTH** **month_____ day_____ year _____**	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	**CHILD'S AGE**	**CHILD'S GENDER** ☐ **M** ☐ **F**
ADDRESS	**PHONE NUMBER**		**►Insurance/Eligibility Status◄** ☐ **Insured, Vaccines Covered** ☐ **Insured, Vaccines Not Covered** ☐ **Badger Care** ☐ **No Health Insurance** ☐ **Medicaid Eligible** ☐ **Native American**	
CITY	**STATE**	**ZIP**		

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child is able get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.

Please mark YES or NO for each question.

	YES	NO
1. Is the child to be vaccinated sick today?		
2. Does your child have an allergy to an ingredient of the vaccine?		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the Influenza Vaccine Information Statement (8/6/2021) and I understand the risks and benefits.

I GIVE CONSENT to the Buffalo County Public Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine and (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) vaccine information be entered into WIR.

Signature of Parent/Legal Guardian _____ Date: _____

FOR SCHOOL STAFF ONLY

Complete the following if **VERBAL CONSENT** has been obtained from the Parent/Legal Guardian:

Name of Parent/Legal Guardian (please print) _____ Relationship_____

Type of vaccine receiving_____ Date of phone call_____ Time of phone call_____

Printed name of authorized person (only school RN or administrator) _____

Signed name of authorized person receiving verbal consent_____

Location: Alma Cochrane-Fountian City Gilmanton Mondovi

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Site	Vaccine Manufacturer	Lot Number
Influenza	_____/_____/ 2025	IM	LD RD LV RV	Sanofi	U8881DA Exp. Date: 2026/06

Signature and Title of Vaccine Administrator: _____Date: _____