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# FLU/COVID-19 VACCINE EVENT CONSENT FORM

## HOW TO USE THIS CONSENT FORM TEMPLATE:

This consent form template is intended for a school-age population, grades K-12 or children 5 years and older for use in Flu and/or COVID-19 vaccine events.

- This resource can be edited to fit your needs. You can add or remove sections as needed. All words in brackets are to be modified to your event.
- The front page (page 2) includes a disclaimer about CAIR2 data sharing and a section for vaccine documentation on the day of the event.
  - It also includes sections for capturing Student Information, Health Insurance, and Race/Ethnicity.
  - Any of these fields can be modified to capture information that you need.
- The back page (page 3) is the continuation of the consent form including sections for medical questions, signature, and parent/guardian consent. Any of these fields can be modified to capture information that you need.
- This form can be modified to be used for Flu (both inactivated and live attenuated), COVID-19 or multiple vaccines. If you are not offering all vaccines, simply delete the rows of unneeded questions.

## QUESTIONS TO INCLUDE BASED ON VACCINE TO BE GIVEN:

VACCINES	QUESTIONS
Flu (inactivated/injectable)	Questions 1, 2, 4 (only Guillain-Barré Syndrome), 11
Flu (live attenuated/intranasal)	Questions 1, 2, 3, 4 (only Guillain- Barré Syndrome), 5, 6, 7, 8, 9, 10, 11
COVID-19	Questions 1, 2, 3, 4 (myocarditis and MIS-C but not GBS), 5, 11

*Note!*

*If the student/parent/guardian answers yes to any of medical questions, it warrants a call to or discussion with the family to clarify the details of the situation.*

# FLU/COVID-19 VACCINE EVENT CONSENT FORM

## STUDENT'S INFORMATION

STUDENT'S NAME (LAST, FIRST): \_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ AGE: \_\_\_\_\_  
STUDENT IS:  Male  Female  Nonbinary  Prefer Not to Say  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
NAME OF SCHOOL: \_\_\_\_\_  
HOMEROOM TEACHER/ROOM #: \_\_\_\_\_ GRADE: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
PARENT/GUARDIAN EMAIL: \_\_\_\_\_  
PARENT/GUARDIAN PHONE #: \_\_\_\_\_

## STUDENT'S HEALTH INSURANCE

This service is [free]. [Your health insurance company may help pay the cost of your student's immunization, but you will not be charged]. Select your insurance company and include insurance number below.

Medi-Cal  Kaiser Permanente  United Healthcare  No Insurance/Uninsured  
 Blue Shield  Health Net  Cigna  Other: \_\_\_\_\_  
Insurance/Medi-Cal #: \_\_\_\_\_

## STUDENT'S RACE OR ETHNICITY – Check all that apply

Asian  Black or African American  White  Other Race  Hispanic or Latino  
 Native American/Alaskan Native  Native Hawaiian or Other Pacific Islander

.....  
**The California Immunization Registry (CAIR2)** is a confidential and secure computer system run by the CA DEPARTMENT OF PUBLIC HEALTH that makes vaccination information available to healthcare providers, including local pediatric providers. [We/Organization] will put information about your student's vaccination into CAIR2 as required by CA Health and Safety code 120440. Learn more about [CAIR2 \(bit.ly/CAIR2-Registry\)](https://bit.ly/CAIR2-Registry).

Check this box if you **DO NOT** want your student's vaccination data to be shared with healthcare providers who use CAIR2.

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## FOR VACCINATION STAFF ONLY:

Vaccine: \_\_\_\_\_  VFC  PRIVATE  
Injection Site:  Right Deltoid  Left Deltoid  Nasal  
Manufacturer: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Administered by: \_\_\_\_\_

Vaccine: \_\_\_\_\_  VFC  PRIVATE  
Injection Site:  Right Deltoid  Left Deltoid  Nasal  
Manufacturer: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Administered by: \_\_\_\_\_

Student Name \_\_\_\_\_

**MEDICAL QUESTIONS – PARENT/GUARDIAN MUST ANSWER EVERY QUESTION**

**Questions:**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Does your student have allergies to any ingredient included in vaccines?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your student had a serious reaction to a vaccine in the past?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your student gotten vaccinated with any vaccine in the 4 weeks before this scheduled event?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your student have history of any of the following conditions (Check all that apply):   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Guillain-Barre Syndrome (a temporary severe muscle weakness)  |                          |                          |
| <input type="checkbox"/> Myocarditis or pericarditis   |                          |                          |
| <input type="checkbox"/> Multisystem Inflammatory Syndrome (MIS-C or MIS-A)  |                          |                          |
| 5. Does your student have an immunocompromising condition due to any cause or close contact with a person who needs care in a protected environment (e.g., isolation room)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your student have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease (e.g., diabetes)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your student to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) immunocompromising condition due to any cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is your student on long term aspirin or aspirin/salicylate containing therapy (e.g., taking aspirin daily)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is your student currently taking antiviral medications, or have they taken any within the past 3 weeks (counting from vaccination event date)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is your student pregnant or is there a chance she will become pregnant in the next month?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <b>FOR THE VACCINATOR THE DAY OF THE EVENT:</b> Is the student sick today?   | <input type="checkbox"/> | <input type="checkbox"/> |

**SIGNATURE AND CONSENT**

When I (parent/guardian) sign my name, it means these things:

- I give permission for the student whose name is listed on this form to receive the following at the scheduled school vaccine event (check all that apply):  
 Flu (Inactivated/Injectable)       Flu (Live Attenuated/Nasal)       COVID-19
- I have read or had explained to me the current [Vaccine Information Statements \(VIS\) \(bit.ly/CurrentVISIZOrg\)](https://bit.ly/CurrentVISIZOrg) for flu vaccine and/or [Emergency Use Authorization information for COVID-19 vaccine \(bit.ly/COVID-19FDA-EUAs\)](https://bit.ly/COVID-19FDA-EUAs) and understand the benefits and risks of the vaccines.

Date (REQUIRED): \_\_\_\_\_

Parent/Guardian Signature (REQUIRED): \_\_\_\_\_

Printed Name (REQUIRED): \_\_\_\_\_

Your relationship to student:  Mother     Father     Legal Guardian     Other \_\_\_\_\_