



2023-2024 Child Influenza Vaccine Administration Record

Child's Name (Last, First, Middle Initial): Gender: [] Male [] Female
Child's Birthdate: Month: Day: Year: Parent/Legal Guardian's Name:
Home Address: Street: City: State: WI ZIP:
Parent Telephone Number: ()

Please answer the following questions (circle YES or NO):

The following questions will help us determine if there is any reason we should not give your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please call the Clark County Health Department (CCHD) Immunization Hotline (715) 743-5292.

Table with 4 rows and 3 columns. Questions about child's health status and vaccine reactions. Columns for YES and NO.

CONSENT FOR CHILD'S VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for the 2023-2024 Seasonal Influenza Vaccine. The Vaccination Information Statement can be viewed and downloaded online at https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the child named above for whom I am authorized to make this request.

X Signature of Parent or Legal Guardian Date

Note: The CCHD will not vaccinate a child without a signed consent form by a parent/legal guardian. The CCHD will review the child's vaccine record to ensure the flu vaccine was not already administered during the current influenza season before administering a flu vaccine.

STOP - FOR CLINIC/OFFICE USE ONLY
DOSE: [] #1 [] #2
INJECTABLE (intramuscular): Lot#: / Exp: 6/30/2024 Body site: [] RD [] LD [] RV [] LV
(GSK) FluLaval Quad, P-Free
Signature & Title of Person Administering Vaccine Date Vaccine Administered
[] WIR