



Pender County Health Department
803 S. Walker Street, Burgaw, NC 28425
(910) 259-1230
<http://health.pendercountync.gov/>

2019-2020 PENDER COUNTY SCHOOLS PERMISSION FORM FOR FLU VACCINE

TO BE COMPLETED BY PARENT/GUARDIAN ONLY AND RETURNED TO STUDENT'S HOMEROOM TEACHER

| | | | |
|---|-------------------------------|--------|-----------|
| School: | Homeroom Teacher: | | |
| Full Name: | Date of Birth: | | |
| Social Security Number: | Phone Number: | | |
| Street Address: | City: | State: | Zip Code: |
| County: | | | |
| Mother's Maiden Name: | Responsible Person: | | |
| Race: Asian Black/African American American Indian/Alaskan Native Native Hawaiian/Pacific Islander White | | | |
| Ethnicity: Not Hispanic/Latino Hispanic | Gender: Male Female | | |

Please answer the following questions by checking the appropriate answer:

- YES NO Is your child sick today?
- YES NO Has your child ever experienced an allergic reaction after receiving a dose of flu vaccine?
- YES NO Has your child ever experienced a severe allergic reaction to egg or chicken proteins?
- YES NO Has your child ever experienced Guillain-Barre Syndrome after receiving a flu vaccine or have a history of Guillain-Barre Syndrome?
- YES NO Is your child currently pregnant?

INSURANCE INFORMATION/AUTHORIZATION TO BILL (copy of front and back of insurance card preferred for verification)

Insurance Name: _____ Member ID: _____
 Group Number: _____ Phone Number: _____
 Medical Claims Address: _____
 Subscriber Name: _____ Subscriber Date of Birth: _____
 Subscriber Social Security Number (if Tricare): _____
 Subscriber Address: _____

PERMISSION TO VACCINATE CHILD and FILE APPLICABLE INSURANCE (Please sign and date)

I give permission for the above child to receive the vaccine being provided by the Pender County Health Department in Pender County Schools. I have received and read the appropriate Vaccine Information Statement. I understand that I may access the Pender County Health Department Notice of Privacy Practices by visiting <http://health.pendercountync.gov/> and may call 910-259-1230 to obtain a copy or to address any concerns.

I authorize payment from 3rd Party Payer (Insurance) and Medicaid be made on my behalf to Pender County Health Department (PCHD) for services provided. *I understand that my signature will serve as legal "signature on file" for purposes of filing Insurance/Medicaid claims and payment of benefits to the PCHD for services rendered.*

Signature: _____ Date: _____

FOR OFFICE USE ONLY

| Vaccine | Trade Name | Lot# | VIS Pub. Date | Date VIS presented | Route | Site | ML |
|-----------|------------|------|---------------|--------------------|-------|-------|-----|
| Influenza | | | 8/7/15 | | IM | RD LD | 0.5 |

Nurse Signature: _____

Date: _____

| | | | | |
|--------------------------------------|---|-------------------------------|--|---------------------------|
| Administration Code: 90471 | Vaccine Code: 90686 Preservative Free 3 years and older 90688 Multi Dose 3 years and older | Diagnosis Code: Z23 | State: _____ Private: _____ | Clinic Type: CH |
|--------------------------------------|---|-------------------------------|--|---------------------------|