



St. John's Military School

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CONSENT FOR ADMINISTRATION OF INFLUENZA VACCINE

Cadet Name _____

Date of Birth _____

Please answer the following questions

- | | | |
|--|-----|----|
| 1. Is cadet allergic to eggs or egg by-products? | YES | NO |
| 2. Has cadet had an adverse reaction to previous influenza injections? | YES | NO |
| 3. Is cadet currently ill? | YES | NO |
| 4. Has cadet ever had Guillian-Barre Syndrome? | YES | NO |
| 5. Does cadet currently have an immuno-suppression disorder or other condition which would prevent him from receiving the influenza vaccine? | YES | NO |

Please list all food/drug allergies:

I acknowledge reading the Influenza VIS and give my consent for my cadet to receive the Influenza Vaccine. I understand that the Influenza Vaccine is being administered at my request to aid in prevention of influenza.

I understand the side effects which may occur as indicated in the VIS and will not hold St. John's Military School or administering staff responsible if adverse reactions occur despite correction administration of injection.

I consent/ do not consent for cadet listed above to receive the Influenza Vaccine

(Please circle one)

(Parent/guardian signature)

This portion to be completed by nurse

Date Vaccine Administered _____

Nurse Signature _____

Trivalent A&B Influenza Vaccine Lot# _____ Exp. Date _____