



Alabama Immunization Partners, in association with your school system, is offering influenza vaccine to your child at one of our school-based immunization clinics. Our partnership follows a resolution passed by the Alabama State Legislature to establish school-based influenza clinics throughout our state.

For the 2023-24 flu season only Flu Shots will be available through our clinic.

If you are interested in having your child vaccinated at the school-based immunization clinic you are required to do the following:

- Complete the Student Influenza Vaccine Registration and Consent Form.
- SIGN the Student Influenza Vaccine Registration and Consent Form – Your child cannot be vaccinated without your signature.
- Provide a copy of your child's insurance card (front and back), or indicate if your child does not have insurance coverage.
- Return both the completed form and insurance copies to your school.
- We cannot administer vaccine if we do not receive all documentation completed in its entirety.

The flu vaccine clinics at Vestavia Hills City Schools will be the week of October 2nd-5th. The school system will provide specific dates for each school. We will provide you with a vaccine card which includes the date and type of vaccine administered.

Please be advised that we will not physically restrain your child in order to give them a flu vaccine. If your child is afraid or resistant to receiving the vaccine, we will recommend that you take your child to his or her pediatrician for vaccination.

Thank you for your participation in our clinic, and we hope that you will find this service beneficial. If you have any questions please talk to your school nurse or refer to our website at <https://schoolfluvaccines.wix.com/home>.

All information will be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

***** Completed forms are due to the school office by Friday, September 15th. *****

STUDENT FLU SHOT REGISTRATION AND CONSENT FORM

2023-24 School Year

Student's Last Name:	First:	Middle:
Date of Birth:	Sex: M F	Phone:
Address:		
Zip code:	Parent Email:	

School:
Grade:
Teacher:

Name of Insurance Company (attach copy of card):	
Name as appears on Insurance Card:	
Policy holder's date of birth:	Sex: M F
Insurance Contract or I.D. Number:	

I give permission for my child to receive the FLU SHOT as indicated on this form. I have read the influenza vaccine information sheet provided at https://schoolfluvaccines.wix.com/home .	
Parent/Guardian Signature: _____	Date _____
Parent/Guardian Name (PRINT): _____	

**ONLY FLU SHOTS
WILL BE AVAILABLE
AT THIS YEAR'S
SCHOOL FLU VACCINE
CLINIC**

**** Vaccination cannot be administered unless the form is complete and copy of insurance card attached.**

******OUR STAFF WILL NEVER FORCE A CHILD TO RECEIVE A FLU SHOT.******

For office use only:
PA _____ F _____
Notes:

PLEASE PRINT CLEARLY.