

## 2019-2020 Child Flu Insurance and Consent Information Form

**Information about the person to receive vaccine (please print): \*Required Fields**

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month    Day    Year		Male    Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
			(    )

**Insurance Information:** *Include the whole member ID number and any letters that are part of that number. A copy of all insurance cards can replace this section.*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)

**SUBSCRIBER INFORMATION (Person who carries the insurance for the child): Must be completed**

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	_____ Month    Day    Year	Male    Female
Subscriber's Street Address: * (If different from address above)		
City:*	State:*	Zip: *
		Phone:*
		(    )
Patient Relationship to Subscriber: (Circle)*    Spouse    Child    Other		

**Consent questions:**

**Please check:**

1. My child has had no negative reaction to a previous dose of flu vaccine \_\_\_\_\_
2. My child is not allergic to eggs, gentamicin, neomycin, polymixin or gelatin or any component of the flu vaccine. \_\_\_\_\_
3. The vaccine will not be given if my child has a fever or is moderately ill \_\_\_\_\_
4. My child has not had Guillain-Barre syndrome \_\_\_\_\_

**I give permission for vaccine administration and for my insurance company to be billed**

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of patient, parent or legal guardian)

**For children 18 years of age and younger:**

Is Vaccine for Children (VFC) Program eligible: Please check one:

Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)

Does not have health insurance

Is American Indian (Native American) or Alaska Native

Is not VFC-eligible:

Has health insurance and is not American Indian (Native American) or Alaska Native

Provider Name:   Town of Upton/Upton Health Services  

MDPH Provider PIN#:   11699  

Provider Address:   1 Main St. Upton, MA 01568  

Mailing Address:   1 Main St. Box 3, Upton, MA 01568

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**PLEASE READ:**

Your child's shot information will be entered into the Massachusetts Immunization Information System(MIIS) as required by Massachusetts General Laws Ch. 111, section 24M. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time. For more information, contact Trish Parent, RN at the Upton Board of Health: 508 529 3110.

**For Clinic/Office Use Only:**

Signature of Vaccine Administrator (on file): \_\_\_\_\_ (initials)

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route	Injection Site <span style="color: red;">(Circle)</span>	Date On VIS	Date VIS Given
	IIV4	Sanofi Pasteur	UJ223AB	06/30 2020	0.5	Yes	No	IM	R Arm L Arm	August 15, 2019	DOS

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