



Connecticut Institute For Communities, Inc. School Based Health Centers

"Healthy Kids Make Better Learners"

Patient Name: _____ Date of Birth: ___/___/___

Information to Determine if Your Child Should Receive the 2020-2021 Inactivated Flu Vaccine:

	NO	YES
Does your child have a problem eating eggs or a known egg allergy?		
Does your child have an allergy to gentamicin, neomycin, polymyxin or gelatin?		
Did your child have a serious reaction to a flu vaccine in the past?		
Did your child have Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

I have read and understand the **Influenza (Flu) Vaccine Information Statement (VIS)** and consent to the administration of this vaccine to my child, _____.
(Child's Name)

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Vaccine given: _____ Signed: _____

Danbury High School SBHC, 43 Clapboard Ridge Road, Danbury, CT 06811 (203) 790-2886
Broadview Middle School SBHC, 72 Hospital Avenue, Danbury, CT 06810 (203) 731-8272
Rogers Park Middle School SBHC, 21 Memorial Drive, Danbury, CT 06810 (203) 778-7479
Henry Abbott Technical School SBHC, 21 Hayestown Avenue, Danbury, CT 06811 (203) 797-4460 x4922
Newtown Middle School SBHC, 11 Queen Street, Newtown, CT 06470 (203) 270-6114