



KAMEHAMEHA SCHOOLS
MĀLAMA OLA HEALTH SERVICES DEPARTMENT

Student's Name: _____ Grade: _____ Student ID: _____

Please sign this consent form if you would like for KS to give your child a flu shot.

FLU VACCINE: The flu vaccine contains influenza virus of the types selected by the US Public Health Service and the Center for Biologic Evaluation and Research of the US Food and Drug Administration. The types or strains of virus included are those which have most recently been causing influenza. For the 2020-2021 flu season, KS is administering the Fluzone Quadrivalent vaccine, which uses inactivated or killed virus that cannot cause infection.

RISKS AND POSSIBLE SIDE EFFECTS: Influenza vaccine generally causes only mild side effects that occur at low frequency. The more common reactions are a sore or tender arm at the injection site, or possibly fever, chills, headache or muscle aches, which usually last 24 to 48 hours. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the period following vaccination. Most people who receive the vaccine either have no or only mild side effects.

Please circle YES or NO for the following screening questions. All answers must be NO to be eligible.

- Yes No Are you allergic to eggs or egg products?
Yes No Have you ever had a serious reaction to the influenza (flu) vaccine in the past?
Yes No Have you ever had Guillian-Barre Syndrome?
Yes No Are you currently sick today with an infection or fever?

PARENT CONSENT: In consideration for my request that the Kamehameha Schools provide the influenza immunization to my child, I waive and release any and all claims against Kamehameha Schools, its trustees and agents, in both their personal and professional capacities (collectively "KS") and agree to indemnify and hold harmless KS from and against any and all claims, including but not limited to claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorney's fees and costs, relating to my child receiving the flu vaccine. I acknowledge that I have read the Inactivated Influenza Vaccine Information Statement (available at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>); understand the risks associated with the flu vaccine; understand my participation in receiving the vaccine is completely voluntary; and am signing below as my free act.

Signature (parent/guardian)

Print Name (parent/guardian)

Date

For Health Services Use Only

Manufacture: **Sanofi Pasteur**

Lot #: **UT7005KB**

Expiration date: **6/30/2021**

Temp: _____

0.5 mL Fluzone Quadrivalent given IM in the: R L Deltoid

Comments: _____

Given by: _____

Date: _____