



Parent Consent For Sullivan County Health Department Vaccination Clinic

Partner ID: 116622

Partner Name: Sullivan County Health Department

Clinic ID: 1659706

School Name:

Patient ID:

Green City

Consent ID:

VaxCare has partnered with your healthcare provider to provide immunizations. All bills for privately insured patients will come from VaxCare and its physicians.

1 School and Student Information

Form for student and guardian information including fields for name, date of birth, school name, address, and contact details.

2 Insurance Information (Please fill out completely!)

Form for insurance information with radio button options for various insurance providers like AARP, BCBS, and Medicare.

Form for primary insurance name, member/insured ID, and group ID.

Form for relationship to subscriber and subscriber details including name, last name, DOB, and gender.

By signing below, I consent to the use and disclosure of my child's personal health information for the purpose of health care operations...

Form for Medicaid state ID and insurance status options.

By signing below, I request that payment of Medicaid benefits be made on my behalf to... for any services provided to my child.

3 Authorization and Consent

Consent for Use of Protected Health Information & Claims Assignment: I hereby consent to and acknowledge the receipt of a Notice of Privacy Practices regarding the use and disclosure of my personal health information...

Form for signature of parent or legal guardian and date.

FOR OFFICE USE ONLY - BLACK INK ONLY

Vaccination Details (Lot number must be recorded. Please adhere label or print clearly.)

Form for vaccination details including lot number, site, delivery method, and administrator information.

Nurse/Administrator: I hereby attest by my signature that the patient (or guardian of patient) in question has been provided access to and explained the Vaccine Information Sheets and appropriate Immunization Schedules...

For patients receiving a Fluzone Standard, Fluzone Pediatric, or Fluzone High Dose vaccination: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	YES	NO
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to latex, mercury, thimerosal, gelatin, chicken eggs/feathers, or other vaccine components?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillian-Barre syndrome or any other neurological diseases?	<input type="checkbox"/>	<input type="checkbox"/>

