

Princeton International School of Mathematics and Science

CONSENT FOR ADMINISTRATION OF INFLUENZA VACCINE

- 1) If you wish your child to receive the vaccine, please fill form out fully and return the permission form.
- 2) **Please note that the following reasons are listed against having the flu vaccine if your child has the following problems or concerns:**
 - **Allergy to eggs, chicken, or chicken feathers**
 - **Muscle/nerve disorders**
 - **Fever, acute respiratory or other active infections or illnesses**
 - **Guillain-Barré syndrome**
- 3) There is a possibility, as with any vaccine, that an allergic reaction or even death could occur. As a result of this immunization your child may experience the following: headache, muscle aches, fever, or nausea that may last 1–2 days.
- 4) The inactivated vaccine is approved for students with **asthma or a compromised immune system** or for any student per parental preference. It is given by **injection** only. The inactivated vaccine can contain a preservative called thimerosal to keep it free from germs. Additional information can be found on the CDC (Center for Disease Control) website at <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>.

Student Name (printed): _____

Grade: _____ DOB: _____

Parent/guardian signature: _____ Date: _____