

122 W. 8th St.
Logan, IA 51546



HARRISON COUNTY
Home & Public Health
Department

(712)-644-2220

Child Flu Vaccine Consent Form

PLEASE PRINT

Last Name: _____ First Name: _____ MI _____

Birth Date: ____/____/____ (Month, Day, Year)

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Male: ____ Female: ____

PAYMENT

The cost will be \$25 **IF** (Check One):

My Child has Private Insurance

My Child is enrolled in HAWK-i

*If enrolled in Hawk-i, the flu vaccine may be obtained through your physician as a covered service.

To qualify for vaccination at **NO COST** through the Vaccines for Children (VFC) Program, one of the following must apply (Check One):

My child is enrolled in Medicaid. Medicaid ID # _____

My child **DOES NOT** have any insurance.

My child is American Indian or Alaska Native

My child has health insurance that **DOES NOT** pay for vaccines

*Insurance Provider: _____ ID# _____

I have been offered to read the current vaccine information sheet, or have had the information explained to me. I have had the chance to ask question and I understand the benefits and risks of the vaccine and ask that the vaccine be given to my child. I accept responsibility for seeking medical attention for any reactions to the vaccine. _____ (Initial).

I verify that I have been offered a copy of the Harrison County Home and Public Health Privacy Notice

SIGNATURE: _____ DATE: ____/____/____ (Month, Day, Year)

NURSES

Flu Vaccine Site: RD / LD LOT # _____

Nurse Administering: _____

Amount Paid: _____ CASH CHECK # _____ CHECKS PAYABLE TO HCHPH