



**Please return this form to Health Services by Aug 1, 2018.**

### Permission to Administer the Flu Vaccine

I give the registered nurses at SC Governor's School for Science and Mathematics,, employees of Carolina Pines Regional Medical Center, permission to administer the flu vaccine to \_\_\_\_\_ when it becomes available Fall 2018.

Payment for the vaccine will be collected when vaccine is administered. Cost \$20-25

**DO NOT ALLOW YOUR CHILD TO TAKE THIS VACCINE IF ANY OF THE FOLLOWING APPLIES TO YOUR CHILD:**

- Your child has a severe (life-threatening) allergy to eggs, egg products/egg proteins, chicken proteins, or gentamycin
- Your child is taking chemotherapy or steroid therapy at this time
- Your child has had a severe reaction, in the past, after a dose of the influenza vaccine
- Your child has a history of Guillain-Barre Syndrome (a severe paralytic illness, also called GBS)

**I understand the risk of an allergic reaction and/or side effects of the flu vaccine, including Guillian-Barre Syndrome, associated with the flu vaccine and I will not hold the GSSM**

**School Nurses, employees of Carolina Pines Regional Medical Center, S.C. Governor's School for Science and Mathematics, or Carolina Pines Regional Medical Center responsible for any reaction said student/patient may experience from taking the flu vaccine.**

**X** \_\_\_\_\_  
**Health Care Provider/Print or Office Stamp**

**X** \_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian/Print Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**I decline the offer of the flu vaccine for my child (name)\_\_\_\_\_**

**Parent Signature\_\_\_\_\_Date\_\_\_\_\_**