

**IMMUNIZATION PERMISSION FORM**  
**School Site Flu Immunization Initiative**

*Please complete both sides of this form and return to your child's school no later than September 28, 2023.*

**VACCINATION AUTHORIZATION**

- Yes, I give permission for my child to receive **flu vaccine** as indicated at school. I have read the *Vaccine Information Sheet* for flu vaccine and have had my questions answered.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**INFORMATION ABOUT YOUR CHILD**

Child's Legal Name:			Date of Birth:	
Age:	Sex:	Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
School:		Grade:	Teacher:	
Home Address:				
City:			State:	ZIP:
Phone Number:				
Parent/Guardian Name:			Relationship to child:	
Emergency Contact Name:			Emergency Contact Phone:	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify):				

Has this child ever had a serious allergic reaction to influenza vaccine?  Yes  No

Has this child ever had Guillain-Barré syndrome?  Yes  No

**VACCINE COST AND BILLING INFORMATION**

**The flu vaccine costs \$41.** Children who have no insurance or Medicaid receive these vaccines at no cost. Many private insurance carriers cover vaccines at 100%.

If your child has insurance coverage through Blue Cross Blue Shield or Cigna, we can file a claim on your behalf for this vaccination. Your signature above authorizes Transylvania Public Health to release information necessary for the processing of any claim for payment. You will receive an invoice for the amount not covered by insurance.

If you have a different private insurance carrier, we will accept payment via check made payable to Transylvania Public Health or by contacting us at 828-884-3135 and asking to arrange for pre-payment of the school flu vaccine. We will provide a receipt for you to claim reimbursement from your insurance carrier.

**Please note other insurance carriers consider Transylvania Public Health to be an out-of-network provider.** Payment must be received before the flu vaccine can be given to your child.

*(over)*

**FEDERAL FUNDING/INSURANCE INFORMATION**

This child is American Indian or Alaskan Native *(This information is required for insurance billing and federal funding purposes. It will not prevent your child from receiving vaccines through this program and will not be shared with anyone.)*

**This child has the following insurance coverage:** *(This information is very important for billing purposes.)*

Not insured / no medical coverage

Medicaid Recipient I.D. \_\_\_\_\_

Blue Cross Blue Shield Subscriber Name \_\_\_\_\_ Subscriber DOB \_\_\_\_\_  
Subscriber ID \_\_\_\_\_ Member # \_\_\_\_ (01, 02, etc.)

Cigna Subscriber Name \_\_\_\_\_ Subscriber DOB \_\_\_\_\_  
Subscriber ID \_\_\_\_\_

Other insurance Please pay \$41 via check or call 828-884-3135 to arrange for payment.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Transylvania Public Health’s privacy notice is available at [transylvaniahealth.org/SchoolFlu](http://transylvaniahealth.org/SchoolFlu). Your signature below acknowledges that we have given you a copy of our Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us.

**Check all that are true and sign below:**

I have received the Transylvania County’s Privacy Notice.

I have been given a chance to discuss my concerns and questions about the privacy of my health information.

\_\_\_\_\_  
Patient Signature (Parent/Guardian Signature if patient under 18)

\_\_\_\_\_  
Date

**HEALTH INFORMATION EXCHANGE NOTIFICATION**

Transylvania Public Health participates in the NC HealthConnex health information exchange. Your information will be automatically included in this secure system after each visit. If you prefer not to participate, you can complete the Patient Opt-Out form and send it to the NC HIEA business office. Forms are available on the NC HIEA website ([nchealthconnex.gov](http://nchealthconnex.gov)) and in our lobby.

***For office use only:***

**Transylvania County staff should complete if ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE is not signed:**

Does patient have a copy of the Privacy Notice?  Yes  No

Please explain why the patient was unable to sign the form and Transylvania County’s efforts in trying to obtain the signature:

**Consent form should be present with the child at the time of vaccination for verification of parental consent and accurate documentation.**

Does this child currently have a fever with a temperature above 100 F?  Yes  No

Date Vaccine Given	Type of Vaccine	Site/Route	Mfr./ Lot #	Date VIS Printed	Date VIS Given	Nurse Signature
	Flu	L R Deltoid/IM		8/6/21	9/20/23	

Checked NCIR:  Yes  No