

Flu Immunization School Program

Eligibility/Payment Form

Self Pay

Check one of the following:

Flu Mist (Nasal)

Flu Vaccine (Shot)

Flu vaccines are \$25 a dose. Children under age 9 who have never had a flu immunization (shot or Flu Mist) will require 2 doses, one month apart, for a total cost of \$50.

Enclose cash or a check for \$25 made payable to your school (or \$50 for 2 doses as explained above).

Your cancelled check will serve as the receipt for your child's Flu Mist vaccine (shot or Flu Mist). This program will not furnish receipts for flex spending or health care spending accounts or bill insurance plans. Please factor this into your decision to participate.

Vaccine for Children Program (No cost)

Check one of the following:

Flu Mist (Nasal)

Flu Vaccine (Shot)

Check if any of the following applies to your child:

is on Medicaid (or qualifies through the state's Medicaid waiver)

has no health insurance

is an American Indian or Alaskan Native; and/or

This statement must be signed by parent or guardian

I have been given a copy of the Vaccine Information Statement and have read, or had explained to me, the information for the indicated vaccine and I understand the benefits and risks of the vaccine for which I have signed.

Signature of parent or guardian

Date