

Baltimore City Health Department Consent Form for Varicella (chicken pox) Vaccine

Instructions:

1. Read the attached Varicella Vaccine Information Sheet, VIS, 1/10/07.
2. If you want your child to receive the varicella vaccine at school, complete Sections A, B, C and D.
3. If your child received varicella vaccine in the past or has had chicken pox, complete Sections A and B.
4. Sign the reverse side and return the completed form to the school nurse.

SECTION A: STUDENT INFORMATION (Please Print)

Student's Last Name _____ Student's First Name _____ Age _____
 Birthday _____ School Name _____ School # _____

SECTION B: PREVIOUS VARICELLA IMMUNIZATIONS or CHICKEN POX DISEASE

If your child has previously been vaccinated against varicella, please complete the information below. If your child had the chicken pox disease, please provide the month and year of the disease. A nurse will contact you to discuss this further. You should contact your child's medical provider if you are unsure if your child had the vaccine or disease. You may also attach your child's immunization record for verification.

My child had varicella vaccine (circle), **Y** **N** If "yes", indicate date of vaccination _____

My child had the chicken pox disease (circle), **Y** **N** If "yes", indicate month and year of disease _____

SECTION C: STUDENT HEALTH HISTORY (place "X" in the correct column)

Please answer 'yes' or 'no' for all questions below. The nurse will screen your child for any reasons that might prevent him/her from getting the vaccine. Please discuss any concerns or questions with the nurse.

Health History Questions	No	Yes	If "yes", briefly describe
Do you have a fever or are you sick today? (to be asked by nurse day of the clinic)			
Serious medical conditions requiring a doctor's care?			
Currently taking over-the-counter or prescription medications?			
Previous reaction(s) to any immunizations? Please list _____			
Known allergy to gelatin?			
Known allergy to the antibiotic neomycin?			
Does your child, or any person living with the child, or taking care of the child, have cancer, leukemia, HIV/AIDS, or any other immune system problem?			
Has your child, or any person living with your child, or taking care of your child, taken cortisone, prednisone, other steroids, anticancer drugs, or radiation treatments in the past three months?			
Is your child or any person living with your child a transplant recipient?			
Has your child received a transfusion of blood or plasma , or been given a medicine called immune (gamma) globulin in the past year? Type: _____ Date: _____			
Is the child/teen pregnant or nursing or is there a chance she could become pregnant within the next 3 months?			
Has your child received any vaccinations in the past 4 weeks?			

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SECTION D: VARICELLA VACCINE CONSENT

I, the undersigned parent or guardian, have read or had explained to me the attached VIS regarding the Varicella Vaccine dated 1/10/07. Any questions have been answered to my satisfaction. I ask to have my child vaccinated against varicella. ***Unless cancelled in writing, this request is valid for the time period needed to give the two doses of the vaccine, if required. People who do not get the vaccine until thirteen years of age or older should get 2 doses, 4 – 8 weeks apart. I understand a VIS and notification of vaccination form will be sent home with my child prior to the second varicella vaccine.*** I also acknowledge that I have received, been offered, or have received in the past a copy of the Notice of Privacy Practices, dated 03/06.

Signature of Parent/Guardian _____ **Date** _____

Print Name of Parent/Guardian _____

Address _____

Home Phone Number _____ Work Phone Number _____

Student's Name _____ **DOB** _____ **School Name#** _____

For Nurse's Use Only

Vaccine Varicella	Manufacturer	Date	Lot #	Dose Amt	Exp Date	Site Deltoid	Initial/Sign. of Administrator*	Date VIS provided
Dose #1						R L		Varicella 1/10/07
Dose #2						R L		Varicella 1/10/07

* Initials, Name, Title, Address of Vaccine Administrator _____

Dose1 _____

Dose2 _____

Notes

Second dose of varicella should be given by this date (8 weeks after first dose) _____.

Varicella VIS 1/10/07 and vaccine notification form for dose #2 sent home (date) _____.

Nurse's Name/Signature _____