



300 Reno Dr  
Wayland MI 49348

DATE 09/02/2025

Dear Parents/guardians:

Wayland Village Pharmacy is working with your child's school to give the annual influenza vaccine to children and staff at school. This vaccine will protect against all three influenza strains that are expected to circulate this year. We will hold a vaccination clinic beginning this fall, and your child's school will let you know the specific date. There would be no cost if billed through insurance. Otherwise, it would be \$30.00 per vaccination. Cash, check or call the pharmacy ahead of time with a credit card number. Consent forms will be sent out as well. Fill the form out in order to give your consent and return to the school upon completion. If you do not wish your child to be vaccinated, the form does not need to be filled out and your child will not be vaccinated. Parents are welcome to schedule an appointment at Wayland Village Pharmacy anytime from Tuesday to Thursday, 11-4PM.

**The clinic is scheduled to be on: 09/29/2025.**

If you have any questions about the vaccine or the vaccination clinic, please visit the CDC's influenza web site at <https://www.cdc.gov/flu/>. Your child's health care provider also can answer your questions about the influenza virus and will be able to give your child the seasonal influenza vaccine.

Sincerely, Joseph Romph R.Ph.

VACCINATION CLINIC ORGANIZER

## Annual Influenza Vaccine Consent Form-FLU SHOT (Children's Form)

**Section 1: Information about Child to Receive Vaccine (please print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
STUDENT'S DOCTOR'S NAME (Last, First)					
SCHOOL NAME		HOMEROOM TEACHER'S NAME		GRADE	
Health Insurance Name		Insurance ID#		Policy Holder's Name	
Insurance BIN #		Insurance Group#		Policy Holder's DOB	

**Section 2: Screening for Vaccine Eligibility**

Was your child ever vaccinated with the seasonal influenza vaccine?

YES NO

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all three of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following three questions, your child may be able to get the seasonal influenza vaccine, but discuss with a healthcare professional before.

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
3. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
4. If your child is sick on the day of the clinic, they cannot get the vaccine.		

**Section 3: Consent****CONSENT FOR CHILD'S VACCINATION:**

I have read or had explained to me the Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits. **Please have your child bring this consent form back to school upon completion.**

**I GIVE CONSENT** to Wayland Village Pharmacy and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then your child will not be vaccinated)

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**Section 5: Vaccination Record**

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number/Expiration	Name and Title of Vaccine Administrator
Influenza (Afluria)	IM Deltoid <input type="checkbox"/> L / <input type="checkbox"/> R	09/29/2025	Seqirus	<input type="checkbox"/> AX4603A/ 05-31-2026 (Single-dose)	<input type="checkbox"/> Joseph Romph Pharmacist <input type="checkbox"/> Andy Mai Pharmacist <input type="checkbox"/> Chris Birman Pharmacist