



Date: September 22, 2026

Dear Parent or Guardian,

Pierce County Public Health will be providing flu immunization clinics for school-aged children during the school day. This is part of an emergency preparedness exercise. The immunization will be provided at **no cost to all students** regardless of insurance status.

We will be going to each school during the school day. If you would like your child to receive a flu immunization, a permission slip must be filled out by a **parent/legal guardian** unless the student is a legal adult (18 years and older). The parent does not need to be present at the clinic if the child brings in a signed permission form.

Flu Clinic Information

Location:

Elmwood School District

Date:

Thursday

October 29, 2026

Link to permission slip or scan code below:



*Please note the electronic form is specific to the clinic location.
**If submitting an electronic form, a printed copy is not needed.

Additional permission slips will be posted on the school website and are available at the school office.

Vaccine Information Statement (VIS) can be found here, and additional flu immunization information can be found on the CDC's influenza website at <http://www.cdc.gov/flu/> or by speaking with your health care provider.

Please call PCPH at 715-273-6755 from 8:00 AM to 4:30 PM with any questions about the flu immunization or school clinics.

Sincerely,

Pierce County Public Health Staff



TALK TO US

Phone: 715-273-6755

Fax: 715-273-6854

www.co.pierce.wi.us

VISIT US

412 W Kinne St

Ellsworth, WI 54011

OUR MISSION

To promote healthy behaviors, prevent disease and injury, and protect against environmental hazards

Influenza Vaccine Child Consent Form 2026-2027



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

CHILD'S NAME (Last) / Nombre del niño/a (apellido)		(First) / (Primer nombre)		(M.I.)	CHILD'S DATE OF BIRTH (Fecha de Nacimiento del niño/a)	
PARENT/LEGAL GUARDIAN'S NAME (Last) PADRE DE FAMILIA O PARIENTE (apellido)		(First) / (Primer nombre)		(M.I.)	CHILD'S AGE (Edad del niño/a)	CHILD'S GENDER (Genero del niño/a) ☐ M ☐ F
ADDRESS / DIRECCIÓN				PHONE NUMBER / TELÉFONO		
CITY / CIUDAD			STATE / ESTADO		ZIP CODE/ CÓDIGO POSTAL	
Insurance/Eligibility Status / Seguro médico/Estado de elegibilidad:	☐ Insured, Vaccines Covered (Con seguro, Cubre Vacunas)		☐ Insured, Vaccines Not Covered (Sin seguro, No cubre Vacunas)		☐ Insured, Vaccines Covered (Con seguro, Cubre Vacunas)	
	☐ Badger Care	☐ No Health Insurance (No tiene seguro medico)	☐ Medicaid Eligible (Elegible para Medicaid)		☐ Native American (Indígena Americana/o)	

Section 2: Screening for Vaccine Eligibility / Identificación de elegibilidad para la vacuna

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all five of the following questions, your child is able to get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. (Las siguientes preguntas nos ayudarán a saber si su hijo/a puede recibir la vacuna contra la influenza de esta temporada. Si responde "NO" a las cinco preguntas siguientes, su hijo podrá recibir la vacuna contra la influenza. Si responde "SÍ" a una o más de las siguientes cuatro preguntas, es posible que su hijo pueda recibir la vacuna contra la influenza estacional, pero nos comunicaremos con usted para analizar sus opciones.)

Please mark YES or NO for each question.

	YES	NO
1. Is the child to be vaccinated sick today? (¿Está enferma/o hoy la niña / el niño que va a ser vacunada/o?)		
2. Does your child have an allergy to an ingredient of the vaccine? (¿Su hijo/a tiene alergia a algún ingrediente de la vacuna?)		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine? (¿Alguna vez su hijo/a ha tenido una reacción grave a una dosis anterior de la vacuna contra la gripe?)		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? (¿Su hijo/a alguna vez ha tenido el síndrome de Guillain-Barré (un tipo de debilidad muscular severa temporal) dentro de las 6 semanas posteriores a recibir la vacuna contra la gripe?)		
5. Has your child ever felt dizzy or faint before, during, or after receiving a vaccine? (¿Alguna vez su hijo/a se ha sentido mareado o desmayado antes, durante o después de recibir una vacuna?)		

Section 3: Consent / Autorización

CONSENT FOR CHILD'S VACCINATION: I have read or had explained to me the Influenza Vaccine Information Statement (1/31/2025) and I understand the risks and benefits. (He leído o me han explicado la Declaración de información sobre la vacuna contra la influenza (6/8/2021) y entiendo los riesgos y beneficios.)

I GIVE CONSENT to the Pierce County Public Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine and (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school) vaccine information be entered into WIR. (YO AUTORIZO al Departamento de Salud Pública del Condado Pierce y a su personal para que mi hijo/a nombrado en la parte superior de este formulario sea vacunado con esta vacuna y (si este formulario de consentimiento no está firmado, con fecha y devuelto, entonces su hijo/a no será vacunado en la escuela) la información de la vacuna se ingresará en WIR.)

Signature of Parent/Legal Guardian _____ Date: _____
(Firma del padre/madre o acudiente legal) (Fecha)

Section 4: Vaccination Record: FOR ADMINISTRATIVE USE ONLY (PARA USO ADMINISTRATIVO ÚNICAMENTE)

DATE: 10/29/2026

LOCATION: ELMWOOD SCHOOL DISTRICT

Vaccine	Route	Site	Vaccine Manufacturer	Lot Number
Influenza	IM	LD RD LV RV	Sanofi Pasture	6UA5XU1G

Signature and Title of Vaccine Administrator: _____