{School Name}
PERMISSION TO VACCINATE

Full Name:	Date of Birth:	Age:	Sex: M F
Street Address:	Town/City:	Zip Code:	Daytime Phone:

Grade:	Teacher:	School Administrative Unit (District)

Is this person an American Indian or an Alaskan Native? □ yes □ no
Is this person uninsured? □ yes □ no
Is this person insured by MaineCare (Medicaid)? □ yes □ no
MaineCare ID #: _____
Private Insurance? □ yes □ no
Name of Insurance Company: _____
ID Number: _____ Group Number: _____
Subscriber Name: _____ Subscriber Date of Birth: _____
Doctor's Name: _____ Phone Number:_____

- □ I was given a copy of the _____Vaccine Information Sheet, I have read this or had this explained to me and I understand the benefits and risks of the vaccine;
- □ I give permission for a record of this vaccination to be entered into the Maine Immunization Information System, ImmPact;
- □ I give permission for information to be used to bill MaineCare or private insurance for the cost of providing the vaccine;
- □ **I give permission for the _____ vaccine to be given to the person named above by signing below.**

X_____ Date: _____
Signature of parent or guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian**:** _____

FOR OFFICE USE ONLY:	**Vaccine Manufacturer**	**Lot Number**	**Dose Volume**	**Signature and Title of Vaccinator**	**Body Site**	**Route**	**VIS date**
Date Dose Administered:				□ IM single dose □ SC single dose □ IM multi vial □ SC multi vial □ Intranasal			
State Supplied Vaccine □ Yes □ No							