

All sections highlighted in yellow below must be completed by parent/guardian – signature/consent must also be provided.

Care Van® Program

Child's Name

Last: _____ **First:** _____ **Middle:** _____ **Gender:** M or F **Race:** _____ **Birth Date:** _____ **Age:** _____

Address: _____ **Apt#:** _____ **City:** _____ **State:** _____ **Zip:** _____ **County:** _____ **Phone:** _____

↑ **Name of Child's School**

↑ **(PLEASE PRINT) Full Name of Parent/Guardian Completing this Form**

SCREENING QUESTIONS: Parents/Guardian Circle YES or NO for EACH question

1. Is Child **sick** today? YES NO
2. Does Child have **allergies** to medications, food, a vaccine component or latex? YES NO
3. Has Child had a **serious reaction** to a vaccine in the past? YES NO
4. Does/Has Child have health problems with **lung, heart, kidney or metabolic disease**? YES NO
5. If the child is a baby, have you ever been told he/she has had **intussusception**? YES NO
6. Has the child had a seizure or brain disorder? Any family history of seizures? YES NO
7. Does the child have **cancer, leukemia, AIDS** or any other **immune system** problem? YES NO
8. In the past **3 months**, has the child taken **cortisone, prednisone**, or other **steroids** or **Anti-cancer drugs** or had **radiation treatments**? YES NO
9. In the past year, has child received a **transfusion** of blood or blood products or been given **immune (gamma) globulin** or an **antiviral drug**? YES NO
10. Is the child/teen **pregnant**? Is there a chance she could become pregnant in next month? YES NO
11. Has the Child had vaccines/**shots in last 4 weeks**? YES NO
12. Has the Child had **Chickenpox**, if so when? YES Month/Yr _____ NO

PARENT/GUARDIAN CONSENT:

I received or was offered a copy of a **Vaccine Information Statement** for each vaccine I initialed below and have answered the Screening Questions on this form. I know the risks of the disease each vaccine prevents and the benefits and risks of each vaccine. I have had a chance to ask about the disease, the vaccines, and how the vaccines are given. I know that the child receiving vaccines will have them put into his/her body. **I am an adult who can legally consent for the child named above to receive the vaccines. I voluntarily give my permission for, and consent to, administering the vaccines I initialed below to the child named above.** I release and hold harmless Care Van® Program and Caring for Children Foundation of Texas, Inc. from any and all liability related thereto.

Screener's Signature (to verify parent/guardian responses): _____

Please check only one:

() **Medicaid** () **No Insurance** () **American Indian or Alaskan Native** () **Underinsured**

Underinsured: (1) has insurance that does not pay for vaccines (2) insurance only covers selected vaccines (TVFC-eligible for non-covered vaccines only) (3) insurance caps vaccines, child eligible when coverage amount is reached. *Other underinsured are children not eligible to receive vaccine because provider is not a FQHC/RHC or deputized provider. However, these children may be served by a state program that covers these non-VFC eligible children.

*****Fully privately insured children are not eligible for TVFC vaccines including children with CHIP*****

X

 ↑ **Parent/Guardian Signature**

 ↑ **Date**

 ↑ **Relationship to Child**

Date Vaccine Given Date VIS Given	Parent Initials	Vaccine Given	Brand/Type	Lot #	Site Used (Circle Below)	VIS Date	Nurse/Admin Initials
		Rotavirus 6 - 32wks <i>Do not start after 15 weeks</i>	GSK		LA RA LL RL	10/30/2019	
		Pediarix 6wks - 6years <i>DTAP / Hep B / IPV</i>	GSK		LA RA LL RL	11/5/2015	
		HIB <5yrs	Sanofi		LA RA LL RL	10/30/2019	
		PCV-13 <5yrs	Wyeth		LA RA LL RL	10/30/2019	
		HEPB 0-18yrs	GSK		LA RA LL RL	08/15/2019	
		DT 6wk-6yrs <i>Hxseizures</i>	Sanofi		LA RA LL RL	4/01/2020	
		KINRIX 4-6yrs <i>5th DTAP AND 4th or 5th IPV</i>	GSK		LA RA LL RL	11/5/2015	
		DTAP 6wk-6yrs	GSK		LA RA LL RL	8/24/2018	
		IPV (Polio) 6wk-17yrs	Sanofi		LA RA LL RL	04/01/2020	
		MMR 1-18yrs	Merck		LA RA LL RL	10/30/2019	
		Varicella 1-18yrs	Merck		LA RA LL RL	8/15/2019	
		HEPA 1-18yrs	GSK		LA RA LL RL	7/20/2016	
		Td <i>Hx of Seizures</i>	Sanofi		LA RA LL RL	04/11/2020	
		Tdap 7-18yrs	GSK		LA RA LL RL	04/01/2020	
		HPV 9-18y	Gardasil-9		LA RA LL RL	10/30/2019	
		MCV4 1 dose before age 16 <i>and one dose after 16</i>	Menactra Menveo		LA RA LL RL	8/15/2019	
		Men B 16-18yrs	GSK		LA RA LL RL	8/15/2019	
		Flu 6 months – 18yrs			LA RA LL RL	8/15/2019	

Vaccine Administrator's Signature: _____

Form: DFW-6-2020

