



Flu Consent 2023-2024

PATIENT'S NAME: _____ DOB: _____ AGE: _____ years _____ months

Please circle **Yes or No** for the following 3 questions:

1. Does your child have a history of Guillain-Barré Syndrome?	Yes	No
2. Has your child had an allergic reaction to a previous flu vaccine?	Yes	No
3. Does your child have an allergy to gentamicin, gelatin, or arginine?	Yes	No

If you answered YES to any of the above questions, your child may not be able to receive influenza vaccine.

CHILDREN UNDER 9 YEARS OF AGE ONLY:

1. Prior to July 1, 2023 has your child ever received at least 2 other flu vaccines in their lifetime?	Yes	No
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If you answered NO to the above question, your child will need to receive a second dose of flu vaccine administered at least 28 days from now.

2. Has your child received a flu vaccine already this season (i.e. today would be the second dose)?	Yes	No
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2b. If Yes: Has it been at least 28 days since last flu vaccine dose?	Yes	No
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Statement of Consent/Waiver: "I have received and read the Vaccine Information Statement about the injectable flu vaccine. I understand that my insurance company may not cover the cost of the influenza vaccine. If they do not, I agree to pay \$35.00 to cover the cost of the vaccine."

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Office Use Only: (Circle selections)		
PRIVATE / VFC	Left / Right	Arm / Thigh
Please print initials clearly:		
Vaccine Administered by: _____		Entered in eCW by: _____