

2024-2025 Annual Influenza Vaccine Consent Form-FLU SHOT
THIS FORM MUST BE BROUGHT WITH YOU TO YOUR APPOINTMENT

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

PATIENT'S NAME (Last)	(First)	(M.I.)	PATIENT'S DATE OF BIRTH month_____ day_____ year
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	
NAME OF INSURANCE			

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer “NO” to all four of the following questions, your child can probably 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.

Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 8/6/2021 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to MEADVILLE PEDIATRICS, PC 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 you child will not be vaccinated). I certify that I am the parent or legal guardian of this patient named above.

Signature of Parent/Legal Guardian _____

Date: month_____ day_____ year_____