



Annual Influenza vaccine consent form – FLU SHOT

Patient Name:

Date of Birth:

Please answer the following 5 questions for the flu vaccine.	YES	NO
1. Is the person to be vaccinated sick today? (fever over 100.5)		
2. Does your child have a serious egg allergy?		
3. Does your child have any other serious allergies? Please list:		
4. Has your child ever had a serious reaction to a previous dose of flu vaccine		
5. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine		

**I GIVE CONSENT** to Children's Health Care 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 your child will not be vaccinated)

Signature of Parent/Legal Guardian:

Date: