

**FLU VACCINE CONSENT**

Date \_\_\_\_\_ Child's age \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

I, (parent's name) \_\_\_\_\_ hereby consent to the injection of seasonal influenza vaccine, 2018-2019 type flu strain for (child's name) \_\_\_\_\_ I release Smita P Mengers, MD and Dr Wendy VanBronkhorst, MD from any possible medical complications related to receiving the Influenza vaccine this date.

I understand that adverse reactions are frequent and usually mild, but they may occur. The most serious complication could be GUILLIAM-BARR SYNDROME (GBS). In 1976 flu vaccine was associated with GBS, Influenza vaccine since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1-2 cases per million persons vaccinated.

I hereby that I have had the opportunity to review the CDC's 2018-2019 VIS and answered the CDC screening questionnaire before receiving the vaccine.

**PLEASE CIRCLE YOUR ANSWER**

- 1.- Is the first time that your child is receiving the flu vaccine? YES NO
  - 2.- Is your child allergic to eggs, egg products, gelatin, MSG, gentamicin or arginine? YES NO
  - 3.- Did your child recently use a nebulizer treatment or an inhaler? YES NO
- If you circle yes to the last question, when was the last time your child used any asthma medication? \_\_\_\_\_

I understand that my insurance company may not cover the flu vaccine and I will be responsible for the balance in full.

Parent signature \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

	NI	Abnl	Finding	
General	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lot # _____
Ears/TM	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exp _____
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dose _____
Nares	<input type="checkbox"/>	<input type="checkbox"/>	_____	Site _____
CV	<input type="checkbox"/>	<input type="checkbox"/>	_____	Temp _____
Chest	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Administrator signature