



FLU VACCINE CONSENT

I have read or had explained to me information about the flu vaccine. I understand the benefits and risks of the vaccine and ask that the vaccine be given to my child, _____,

(NAME)

Date of birth _____, for whom I am authorized to give consent.

CHOOSE ONE:

FLU SHOT, INACTIVATED

FLUMIST, LIVE (if available)

CHECK IF TRUE:

MY CHILD HAS BEEN FEVER-FREE FOR PAST 24 HOURS

MY CHILD HAS NOT HAD A POSITIVE COVID TEST IN THE PAST 14 DAYS

MY CHILD DOES NOT CURRENTLY HAVE A COVID TEST PENDING

SIGNATURE

RELATIONSHIP TO PATIENT

DATE _____

FOR OFFICE USE ONLY

Manufacturer _____

Lot number _____

Site _____

Initials _____

Date _____