

Consent for Flu Immunization Administration

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

By signing below I authorize UCFS to administer this seasons flu vaccine and have read, or had explained to me, the information sheet about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request the influenza vaccine be given to me (or my child).

Signature of parent or guardian \_\_\_\_\_

Yes\_\_\_ No\_\_\_ Are you allergic to eggs?

Yes\_\_\_ No\_\_\_ Have you ever had a serious reaction to a flu shot?

Yes\_\_\_ No\_\_\_ Have you ever had Guillain-Barre Syndrome?

Injection site \_\_\_\_\_ Lot # \_\_\_\_\_ Expiration date \_\_\_\_\_

Date admin \_\_\_\_\_ Administered by: \_\_\_\_\_

