

# All Children's Urgent Care

## 2015 – 2016 Influenza Vaccine Consent Form

### Section 1: Information about the child to receive vaccine (please print):

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Last, First, MI

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Section 2: Information to determine if your child should receive 1 or 2 doses of the flu vaccine:

If your child is 9 years or younger, answer the following 2 questions:

1. If your child is 9 years or younger, how many doses of the flu vaccine has your child received between July 1, 2014 and June 30, 2015?  No doses  1 dose  2 or more doses
2. Has your child received a flu vaccine this flu season (since July 1, 2015)?  Yes  No  
If yes, please tell us the dates of the vaccination.

Dose 1: Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 3: Information to determine if your child can receive the 2015 – 2016 flu vaccine:

If you can answer "YES" to one or more of the 5 questions, your child will not be able to get the flu vaccine. If you answer "NO" to these questions, your child can receive the vaccine. If you are not sure of the answers, check with your child's healthcare provider.

- Yes  No Does your child have an EGG allergy?
- Yes  No Does your child have an allergy to gentamicin, neomycin, polymixin, or gelatin?
- Yes  No Does your child have a LATEX allergy?
- Yes  No Has your child ever had a serious reaction to a flu vaccine in the past?
- Yes  No Has your child ever had Guillian-Barre syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?

### Section 4: Consent

**CONSENT FOR CHILD'S VACCINATION:** I have read or had explained to me the 2015-2016 Vaccine Information Statement for the influenza vaccine and understand the risks and benefits.

I GIVE CONSENT for my child named at the top of this form to get vaccinated with this vaccine. Children younger than 9 years of age may need 2 doses of vaccine.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date