

Just Us Kids Pediatrics

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Annual Influenza Vaccine Consent Form- FLU SHOT Section 1: Information about child to receive vaccine (please print)

1. Childs Name (First, M.I., Last): _____
2. Date of Birth: _____
3. Childs Gender: M / F
4. Parent/Legal Guardians Name (First, M.I., Last): _____
5. Address: _____
6. Phone Number: _____

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. Please mark YES or NO for each question.

- | | YES | NO |
|---|-----|-----|
| 1. Does your child have a serious allergy to eggs? | ___ | ___ |
| 2. Does your child have any other serious allergies? Please list:
_____ | ___ | ___ |
| 3. Has your child ever had a serious reaction to a previous dose of flu vaccine? | ___ | ___ |
| 4. Has your child ever had Guillian-Barre Syndrome? (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | ___ | ___ |

Section 3: Consent

CONSENT FOR CHILDS VACCINATION (Please Circle One)

I have read or had explained to me the 2016-2017 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT

I give consent to JUST US KIDS PEDIATRICS 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, the your child will not be vaccinated.)

I DO NOT GIVE CONSENT

I do not give consent to JUST US KIDS PEDIATRICS and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian: _____

Date: _____

