

**PROVIDER** \_\_\_\_\_

PEDIATRIC ASSOCIATES OF RICHMOND, INC.  
QUADRIVALENT INFLUENZA VACCINE (FLUZONE – Injectable) CONSENT FORM 2016-2017

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

I have either requested or been offered the influenza vaccine (“flu vaccine”) and hereby consent to have my child receive this vaccination.

I have been advised that certain adverse reactions can occur with this vaccine to include localized rash and/or soreness at the injection site, fever, fatigue, and even possibly a severe allergic reaction. My child has no severe allergy to Eggs, as this vaccine should not be given to persons with this allergy. My child has no history of Guillain-Barre Syndrome nor does he or she currently have a moderate to severe febrile illness as this vaccine should not be given to persons with this syndrome or a history of such.

I consent to the administration of the flu vaccine for prevention of influenza for my child.

I have been given a copy of the CDC’s Vaccine Information Sheet or Key Facts About the Seasonal Flu Vaccine.

I further understand that my insurance may or may not pay for this service.  
If my insurance company does not cover this vaccine I agree to be responsible for its payment.

\_\_\_\_\_  
Parent’s/ Guardian’s Signature                      Relationship to Patient                      Date

First/Yearly dose                      Second dose

Manufacturer \_\_\_\_\_ LOT # \_\_\_\_\_

Site Given: \_\_\_\_\_ Dosage:    0.50ml                      0.25ml.

\_\_\_\_\_  
Signature and Title of Administrator                      Date