**Influenza Vaccine Authorization Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent’s name printed) (Child’s name)

Understand and acknowledge that the influenza vaccine may not be covered under my current medical plan. I hereby acknowledge that:

1. I willingly agree to be administered the influenza vaccine
2. Should my insurance not cover the influenza vaccine, I understand I will be solely responsible for the payment of the influenza vaccine and administration
3. I have authorized this service prior to the receipt of the vaccine

Cost: $35.00

Please answer the following questions:

Does your child have a severe allergy to eggs or mercury? Yes No

Is your child currently ill or running a fever? Yes No

Has your child had a flu shot before? Yes No

I have had the flu vaccine explained to me. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks to the flu vaccine. I further understand that I will be responsible for the payment of the vaccine and administration.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

Office Use Only

Sanofi Pastuer GSK

Lot#\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose\_\_\_\_of\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Signature\_\_\_\_\_\_\_\_\_