Influenza Vaccine Authorization Form

I _____ for _____ understand
Parent's Name Child's Name
and acknowledge that the influenza vaccine may not be covered under the patient's medical insurance plan. I hereby acknowledge that:

1. I willingly agree for my child to be administered the influenza vaccine.
2. Should 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 administration of the vaccine.

Cost: $29.00

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 previously received a flu vaccine?	Yes	No

I have had the flu vaccine explained to me. I had a chance to ask questions, and they were answered to my satisfaction. 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

Temp _____ Nurse Signature _____