



CHILD CONSENT FORM FOR SEASONAL INFLUENZA (FLU) VACCINE

CHILD'S NAME: _____ **DOB:** _____ **AGE:** _____

	YES	NO
Is your child 6 months of age or older?		
Has your child had a severe reaction (anaphylaxis) to eggs?		
Does your child have a history of Guillain-Barre syndrome following a previous influenza vaccine injection?		
Has your child received a live vaccine in the past 30 days? (Measles, Mumps, Rubella, Chicken Pox, Rotateq)		

I have had the opportunity to read the CDC vaccine information sheet about the influenza vaccine. I have had the opportunity to ask questions regarding the vaccine. I understand the benefits and risk of the vaccine and request that it be given to my child.

PLEASE PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ **TODAY'S DATE:** _____