

CHILD FLU VACCINE CONSENT

Patient name _____	DOB _____	MR# _____
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Please check the appropriate answer

	Yes	No
1. Is your child sick today?		
2. Does the child have allergies to medications, food, a vaccine component, or latex?		
3. Has your child had a serious reaction to a vaccine in the past?		
4. Has your child ever had Gullain-Barré syndrome?		

Additional questions if you want Flumist (ages 2-49)

5. Has your child had a health problem with lung, heart, kidney or metabolic disease (ex: diabetes), asthma, or a blood disorder? Is he or she on long-term aspirin therapy?		
6. Has your child had wheezing or asthma in the past 12 months?		
7. Does your child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?		
8. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, psoriasis; or had radiation treatments?		
9. In the past year, has your child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?		
10. Is your child/teen pregnant or could become pregnant during the next 6 months?		
11. Has your child received vaccinations in the past 4 weeks?		

Please explain any yes answers _____

The Vaccine Information Statement for Inactivated Flu vaccine can be provided upon request. It is also available online at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>. I have been given the opportunity to ask questions, and they were answered to my satisfaction. I understand the risks and benefits of the vaccines. I give consent for the vaccines checked below to be administered to my child. I also give consent for the immunization information to be submitted to the Georgia Immunization Transaction Registry (GRITS).

- I would like the Flu shot for my child today
- I would like the Flumist for my child today

Parent/Guardian Signature _____ Date _____

Nurse/Doctor Witness _____ Date _____