

**PARKER PEDIATRICS & ADOLESCENTS**  
**2025-2026 INFLUENZA VACCINE (SHOT)**  
**CONSENT**

I have had the opportunity to read the CDC Vaccine Information Sheet (VIS), and believe I understand the benefits and risks of the immunizations. I have had the opportunity to ask questions regarding this vaccine. I request it to be given to my child.

The insurance company on file for my child will be billed for this vaccine. I understand that I am financially responsible for any balance not covered by my insurance company, including co-pays and co-insurance.

Patient / Child Name:		Patient / Child DOB:	
Insurance: <input type="checkbox"/> Aetna <input type="checkbox"/> BCBS <input type="checkbox"/> Champ VA <input type="checkbox"/> Cigna <input type="checkbox"/> CHP <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare <input type="checkbox"/> UHC <input type="checkbox"/> UMR <input type="checkbox"/> Other - Not Listed Above – Must pay \$40 fee for flu vaccine			
Today's Date:			
X          		PRINT Parent/Patient (if over 18) Name:	

[illegible]

Lot #		Exp Date:		Site: LA RA LL RL
Nurse/MA			Second Shot Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	