PARKER PEDIATRICS & ADOLESCENTS
2026-2027 FLUMIST INFLUENZA VACCINE (LIVE VACCINE) CONSENT

I have had the opportunity to read the CDC Vaccine Information Sheet (VIS) and believe I understand the benefits and risks of the vaccine. 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.

FYI:

- Ages restrictions for FluMist – Ages 2 to 49
- If your child is under age 9 and has never had two doses of flu vaccine, they will require two doses this season.
- No other live vaccines have been received within the last month

	Please answer the following questions for your child	**Yes**	**No**
1	Has your child been diagnosed with asthma?	☐	☐
2	Does your child have a history of wheezing in the last 12 months?	☐	☐
3	Has your child received a live vaccine (i.e. MMR, Varicella, Rotavirus) or oral steroids in the last month?	☐	☐
4	Is your child immuno-compromised?	☐	☐
5	Is there any known hypersensitivity to any component of the vaccine?	☐	☐
6	Is there any history of Guillain-Barre Syndrome?	☐	☐
7	Does your child have a fever or feel moderately ill?	☐	☐

Patient / Child Name:	**Patient / Child DOB:**

Insurance: ☐ **Aetna** ☐ **BCBS** ☐ **Champ VA** ☐ **Cigna** ☐ **CHP**
☐ **Medicaid** ☐ **Tricare** ☐ **UHC** ☐ **UMR**
☐ **Other - Not Listed Above – Must pay $40 fee for flu vaccine**

Today's Date:

X	**PRINT Parent/Patient (if over 18) Name:**
Parent / Patient (if over age 18) Signature	

>>>>>>>>>>>>>>>>>>>>>>> FOR OFFICE USE ONLY <<<<<<<<<<<<<<<<<<<<<<<

Lot #		Exp Date:		
Nurse/MA			Second Dose Needed: ☐ Yes ☐ No	