**PARKER PEDIATRICS & ADOLESCENTS**

**2026-2027 INFLUENZA SHOT VACCINE (INACTIVATED 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:

- If your child is under age 9 and has never had two doses of flu vaccine they will require two doses

| | **Please answer the following questions for your child** | **Yes** | **No** |
|---|---|---|---|
| 1 | Has your child ever had a flu shot before? | ☐ | ☐ |
| 2 | Is there any known hypersensitivity to any component of the vaccine? | ☐ | ☐ |
| 3 | Is there any history of Guillain-Barre Syndrome? | ☐ | ☐ |
| 4 | 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 feafor flu vaccine** | |
| **Today's Date:** | |
| X<br>**Parent / Patient (if over age 18) Signature** | **PRINT Parent/Patient (if over 18) Name:** |

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

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|---|---|---|---|---|
| Lot # | | Exp Date: | | Site: LA RA LL RL |
| Nurse/MA | | | Second Dose Needed: ☐ Yes ☐ No | |