Albany Area Primary Health Care, Inc.
Terrell County School Based Health Center
Influenza (Flu) Vaccine Informed Consent

I have received an information sheet with this consent form about the Influenza (Flu) Vaccine. I understand and accept the responsibility of my child receiving the vaccine. I have answered the following questions truthfully. Therefore I agree to hold AAPHC harmless from any injury, complication or side effects caused by the Influenza (Flu) vaccine.

		Yes	No
A. Contraindications			
1.	Has your child ever had a serious allergic reaction after eating eggs?	☐	☐
2.	Has your child ever had a serious reaction after receiving a previous dose of the influenza (flu) vaccine?	☐	☐
3.	Does your child have a history of Guillain-Barre Syndrome?	☐	☐
4.	Has your child had a flu shot already this year?	☐	☐
B. Precautions			
1.	Does your child have a moderate or severe illness with or without fever at the present time?	☐	☐

CONSENT FOR VACCINATION:

I UNDERSTAND THE BENEFITS AND RISKS OF INFLUENZA IMMUNIZATION AND REQUEST THAT THE VACCINE BE GIVEN TO MY CHILD. I HEREBY ACKNOWLEDGE THAT I RELEASE AND HOLD HARMLESS, ALBANY AREA PRIMARY HEALTH CARE, INC. DBA TURNER ELEMENTARY SCHOOL-BASED HEALTH CENTER OR ANY OF ITS EMPLOYEES FROM ANY POSSIBLE LIABILITY WHICH MAY BE ASSOCIATED WITH THIS IMMUNIZATION.

I HAVE READ THE ABOVE STATEMENT ALONG WITH THE VACCINATION INFORMATION SHEET.
I REQUEST THAT MY CHILD RECEIVE THE VACCINE.

PRINT CHILD NAME　　DATE OF BIRTH　　AGE　　SEX

PARENT NAME – PLEASE PRINT　　TELEPHONE NUMBER

PARENT SIGNATURE　　DATE

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FOR OFFICE USE ONLY

Date: __________________ Chart Number: ____________ Vaccine: **Influenza (Flu)**

Dose: **0.5ml** Site: ____________________ Time: ________________________

Manufacturer: **Sanofi Pasteur** Lot Number: ______________ Exp. Date: _______________

Vaccine Information Handout Provided: ☐ Yes ☐ No Publication date on VIS: **08/07/2015**

Adverse Reaction Noted: ☐ Yes ☐ No

Signed: ____ Date: _______________

Nurse or Provider (Turner Elementary School-Based Health Center)