

Family Health Care Associates

P.O. Box 1535

Barbourville, KY 40906

606-546-7777

Please read and fill out the Flu Vaccine Consent Form

Today's date _____

Child's Name (please print) _____ DOB _____

NO FLU MIST WILL BE ADMINISTERED. INJECTION ONLY

Influenza vaccine is the primary method of preventing influenza and its severe complications.

If your child has a severe allergy to eggs he/she should not receive the flu vaccine. If your child has mild allergic reaction to eggs he/she may be able to receive the flu vaccine.

If your child has a fever of >101.5 in the past 24 hours he/she should not receive the flu vaccine.

SIDE EFFECTS: Soreness around the injection site that can last up to 2 days.

Fever, malaise (vague feeling of discomfort), myalgia (body aches or muscle pain) which can start 6-12 hours after the injection and can last up to days.

I have read the flu information and give my permission for my child to receive the flu vaccine.

Parent Signature _____

FOR OFFICE USE ONLY

Dose _____ 0.5ml _____ 0.25ml Lot# _____ Exp _____

Site _____ Left deltoid _____ Right deltoid _____ RAT _____ LAT _____ RLT _____ LLT

Administered by: _____

Charted by: _____