

FLU VACCINE CONSENT

Date _____ Child's age _____ Insurance Company Name _____

I, (parent's name) _____ hereby consent to the injection of seasonal influenza vaccine, 2022-2023 type flu strain for (child's name) _____ I release Smita P Mengers, MD and Dr Wendy VanBronkhorst, MD from any possible medical complications related to receiving the Influenza vaccine this date.

I understand that adverse reactions are frequent and usually mild, but they may occur. The most serious complication could be GUILLIAM-BARR SYNDROME (GBS). In 1976 flu vaccine was associated with GBS, Influenza vaccine since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1-2 cases per million persons vaccinated.

I hereby that I have had the opportunity to review the CDC's 2022-2023 VIS and answered the CDC screening questionnaire before receiving the vaccine.

PLEASE CIRCLE YOUR ANSWER

- | | | |
|---|-----|----|
| 1.- Is the first time that your child is receiving the flu vaccine? | YES | NO |
| 2.- Is your child allergic to eggs, egg products, gelatin, MSG, gentamicin or arginine? | YES | NO |
| 3.- Did your child had a serious reaction to the flu vaccine in the past? | YES | NO |
| 4.- Has the person to be vaccinated ever had Guillain-Barre syndrome? | YES | NO |

I understand that my insurance company may not cover the flu vaccine and I will be responsible for the balance in full.

Parent signature _____