



Emanate Health Flu Consent Form

Name: _____ D.O.B _____ Date: _____

FLU VACCINE INFORMED CONSENT 2020

I understand that the flu vaccine is incubated in eggs and I am allergic to poultry, eggs, feathers or any other component of the flu vaccine, I may have an adverse reaction to the vaccine. I understand these risks and request to have the vaccine administered.

I understand that the flu vaccine is recommended for certain age groups and/or with certain conditions that place them at risk for developing serious complications if they get the flu, and I am included in one of these high risk groups. I also understand that as of 2010 H1N1 is now included in the seasonal flu shot. If my insurance does not cover this immunization, I agree to pay the office charges for the vaccine.

I also have received the Vaccine Information Sheet dated 08.15.19. I have had the opportunity to ask any questions and receive answers before receiving the vaccine.

Patient Signature

I am the parent/legal guardian of _____. I have read the above waiver, and as it applied to my child. I agree to have the flu vaccine administered to him/her. I am aware of the possible allergic reactions and the payment issues. I also received the Vaccine Information Sheet date 08.15.19

Parent/Guardian Signature

Print Name

Signature and Title (Administered and Witnessed by)