ROSWELL PEDIATRIC CENTER, P.C.

Influenza Vaccine Shot For Parents
2011

I understand that I am receiving services from Roswell Pediatric Center, P.C. and payment must be made, in full, **at the time of service.** The charge for the flu vaccination – injectible shot is $30.00. I understand Roswell Pediatric Center **will not file my insurance**. No insurance or other discounts will be honored.

I have read the important information contained in the Vaccine Information Sheet about the vaccine and understand the possible risks and benefits of the vaccination. I agree to receive the vaccine.

PARENTS, please fill out the information below:

Do you or have you had:		
An Egg Allergy, if **Yes ___hives, ___anaphylactic reaction**	❑ Yes	❑ No
An Allergic Reaction to Previous Vaccination?	❑ Yes	❑ No
A History of Guillain-Barre Syndrome GBS?	❑ Yes	❑ No
Are you currently ill ?	❑ Yes	❑ No

If you answered Yes to any of the questions, Roswell Pediatric Center will ***not*** administer the Flu shot vaccine to you. (If you would still like to receive the Flu Shot, please check with your regular physician to determine if the Flu Shot is right for you.)

_____ _____
Parents Name Parents Date of Birth

_____ _____
Childs Name Childs Date of Birth

_____ _____
Parents Signature Todays Date

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For Office Use:

_____
Lot # Administering Nurse/Clinical Assistant Signature

Paid by ❑ Cash ❑ Credit Card ❑ Check, Check # _____

Keep a copy of this form with the charge slips in your batch and file the original with the vaccine consent forms in the back office.