

United Community and Family Services School-Based Health Center

47 Town Street Norwich, Connecticut 06360-2315

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Consent for Flu Immunization Administration

Patient name:		DOB:
Schoo	ol:	
By signing below I authorize UCFS to administer this seasons flu vaccine and have read, or had explained to me, the information sheet about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request the influenza vaccine be given to me (or my child). Signature of parent or guardian		
Yes	No	Are you allergic to eggs?
		Have you ever had a serious reaction to a flu shot?
res	INO	_ Have you ever had a serious reaction to a nu shot?
Yes	_ No	_ Have you ever had Guillain-Barre Syndrome?
Inject	ion site	Lot # Expiration date
Date a	admin _	Administered by:











