



Healthy Kids Clinic
Toll Free: 844-435-0900

STAFF FLU SHOT CONSENT FORM

Dear Staff,

The Healthy Kids Clinic will have influenza (flu) vaccinations available to staff during the flu season months. Please fill out the form below if you would like to receive the flu vaccine.

Name: _____ Allergies: _____

School Name: _____ Birthdate: _____

Address: _____

Phone Number: _____ Social: _____

Language: _____ Race: _____ Ethnicity: _____

Please fill out the following insurance information or attach a copy of your current insurance card

Insurance Company: _____ Insurance Policy Number: _____

Insurance Group Number: _____ DOB Of Policy Holder: _____

Policy Holder Name: _____ Relationship To Patient: _____

Address of Policy Holder If Different Than Patient: _____

Name (Printed): _____

Signature: _____

Please Initial by Vaccine: _____ **FLU INJECTION**

- The FLU INJECTION is given in the muscle and not indicated for individuals with severe allergies, allergies to **EGGS/GELATIN/ANTIBIOTICS**, and history of Guillain-Barre Syndrome.

Office Use Only:

Lot #: _____ Exp. Date _____ Manufacture _____ Date Given _____

VS: (T) _____ (P) _____ (O2 sat) _____ Nurses Name : _____ Inj. Site: _____