

CHILD Consent for Influenza (Flu) Vaccine

PRINT NAME LEG	<del></del>							
FIRST NAME:_		DATE OF BIRTH:						
LAST NAME:		MIDDLE NAME:						
GENDER/SEX:_		<mark>AGE</mark> :	PHONE:					
ADDRESS:			CITY:	ZIP:				
LEGAL GUARD								
MOTHERS MAI	DEN NAME	•						
MARK ONE:	(0)		n Kids Care?					
	(1)	is enrolled in	n AHCCCS? Which plan? _					
	(2)	does NOT h	nave health insurance					
			Indian or Alaskan Native					
	(4)	(4) has private insurance that <b>does NOT cover</b> the Flu vaccine						
	(5)	has private in	nsurance <b>that covers</b> the Flu	ı vaccine				
for Influenza (flu)	Vaccine date rstand the bear	ed 8/06/21. I hav nefits and risks of	ve had a chance to ask quest	C "Vaccine Information Sheet" ions which were answered to my request that it be given to me.				
for Influenza (flu) satisfaction. I unde Signature of pare Effective April 14, 2 of its Notice of Privabout you may be ditime of first treatment.	Vaccine date of the beautiful or guardian 2003 the law reactives and heart and, if we contain the beautiful of the beautiful	ed 8/06/21. I have nefits and risks of the contract of the con	ve had a chance to ask quest	ter give to a patient a copy ow medical information will give you a copy at the ent visit. By signing below,				
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## ADMINISTRATIVE USE ONLY

DATE VIS & Vaccine-given	FUNDING	VACCINE	MANUFACTURER/ LOT #	ROUTE	SITE	REVIEWED AND ADMINISTERED BY
		IIV3		IM		