



Dignity Health

Chandler Regional Medical Center
CRMC Community Wellness
777 E Galveston St.
Chandler, Az. 85225

CHILD Consent for Influenza (Flu) Vaccine

PRINT NAME LEGIBLY

FIRST NAME: _____ **DATE OF BIRTH:** _____
LAST NAME: _____ **MIDDLE NAME:** _____
GENDER/SEX: _____ **AGE:** _____ **PHONE:** _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
LEGAL GUARDIAN NAME: _____
MOTHERS MAIDEN NAME: _____

- MARK ONE:**
- (0) _____ is enrolled in **Kids Care**?
 - (1) _____ is enrolled in **AHCCCS**? Which plan? _____
 - (2) _____ **does NOT have** health insurance
 - (3) _____ is American Indian or Alaskan Native
 - (4) _____ has private insurance that **does NOT cover** the Flu vaccine
 - (5) _____ has private insurance **that covers** the Flu vaccine

I have been given a copy and have read or have had explained to me the CDC “**Vaccine Information Sheet**” for **Influenza (flu) Vaccine dated 8/06/21**. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the Influenza Vaccine and request that it be given to me.

Signature of parent or guardian: _____

Effective April 14, 2003 the law requires that **Chandler Regional Medical Center** give to a patient a copy of its Notice of Privacy Practices for Health Information. This notice describes how medical information about you may be disclosed and how you can get access to this information. We will give you a copy at the time of first treatment and, if we change our notice, thereafter at the next treatment visit. By signing below, you acknowledge receipt of such as the patient, the patient’s personal representative, the patient’s authorized agent, or an individual involved in the patient’s medical care.

Signature of parent or guardian: _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING FOR YOUR CHILD:

- Does your child have a fever or acute infection at the present time? YES NO
- Does your child have any allergies? _____ YES NO
- Has your child ever had a serious reaction to a previous dose of the flu vaccine? YES NO
- Has your child ever had a history of Guillain-Barre Syndrome (a neurological disorder)? YES NO

ADMINISTRATIVE USE ONLY

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