**2020-2021 Influenza Vaccine Consent Form**

1. **Contraindication Screening:**

A **severe allergic reaction** involves symptoms like widespread hives, swelling of the lips or tongue, and difficulty breathing. It requires urgent medical attention.

Has your child ever had a **severe allergic reaction** to:

Y N The flu shot?

Y N Any other vaccine?

Y N Does your child tolerate scrambled eggs, or baked goods containing eggs?

You should not have a flu shot if you are suffering from moderate to severe illness, whether or not you’ve had fever (CDC, 2018).

Y N Has your child been ill in the past week (INCLUDING any asthma flares)?

If so, what was the illness?:

Y N Was he/she prescribed any medications? If so, please list them here:

Guillain-Barre syndrome is very rare. It causes muscle weakness and tingling sensations in the legs, which spreads upward through the body. It can cause paralysis that lasts up to two weeks (CDC, 2007).

Y N Has your child ever had Guillain-Barre syndrome?

Y N If so, did it happen shortly after a previous flu shot? (Within 6 weeks)

1. **Consent:**

\_\_\_\_\_I am this child’s parent or legal guardian **OR** I have signed permission from this child’s parent or legal guardian to seek care for him or her, on file in his or her record.

\_\_\_\_\_I have received a copy of the Inactivated Flu VIS (hard copy or electronically in the Patient Portal), and have had any questions/concerns addressed.

\_\_\_\_\_I grant permission for this child to receive the 2020-21 Influenza Vaccine

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Signature Date