

**PENDLETON COMMUNITY CARE
NORTH FORK PRIMARY CARE CLINIC
INFLUENZA VACCINE CONSENT FORM**

CDC Information form about Influenza Vaccine is available on the web at: www.pcc-nfc.org
or can be obtained at your child's School-based Health Center, PCC, or the North Fork Clinic

I have read the information statement about influenza (flu), the vaccine, the risks and special precautions concerning this vaccination. I understand that the vaccine may not be appropriate for:

- *People with an allergy to eggs or egg products, a prior reaction to the influenza vaccine, life threatening allergic reaction to thimerosal or a history of Guillain-Barre syndrome.*
- *People with fever or an active infection at the time the vaccine is administered.*
- *People who have recently suffered a seizure.*
- *People who have received an allergy shot within the last 24 hours.*

My child does not have any of these conditions and I request that the vaccine be given to my child, named below. I affirm that as legal parent or guardian I am authorized to give this consent on my child's behalf.

Name of person to receive vaccine (please print)

Signature of person receiving vaccine

Relationship of person if other than self

Date

Manufacturer: Sanofi Pasteur

Lot Number:

Expiration: 06/30/2010

Date Vaccinated: _____

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INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY: _____

POLICY # _____ GROUP # _____

POLICY HOLDER NAME: _____ Date of Birth: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I hereby authorize Pendleton Community Care, Inc. to provide information to the insurance carriers concerning my primary care, illness and treatments and I hereby assign to Pendleton Community Care, Inc. all payments for medical services rendered to my dependents or myself. I understand that I am financially responsible for all charges whether or not covered by insurance. I authorize the use of my signature on all insurance admissions.

PATIENT NAME – PRINTED

PATIENT DATE OF BIRTH

PARENT SIGNATURE

DATE