

North Park Pediatrics, LLC
Pediatric & Adolescent Medicine
North Park Centre
4C North Avenue - Suite 403
Bel Air, Maryland 21014
Telephone (410) 838-9142 - Fax (410) 838-6453
(410) 879-5170

Leigh A. Naughton, M.D.

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Consent Form for Influenza Vaccine Administration

I _____, give my permission for _____
Parent or Legal Guardian Name Printed *Name of Adult Accompanying Child(ren) Printed*

to accompany my child(ren) _____
Name of Child(ren) – Print ALL Names

on ____/____/____ to receive the injectable flu vaccine at North Park Pediatrics.
Date

I have completed the Influenza Sign In Form which is attached to this form and will be brought to the appointment.

If there are any questions or concerns, I can be reached at _____.
Phone # (must be available during designated time frame)

The accompanying adult is aware that they must present a photo identification at the time of check in. I understand that if the adult does not have an ID, this **Consent Form** or the attached **Influenza Sign In Form** is not complete, or I am not reachable for questions, my child(ren) will not be given the vaccine and I will need to reschedule.

Parent or Legal Guardian Name Signature

____/____/____
Date

Parent or Legal Guardian Name Printed