PATIENT NAME: **DATE OF BIRTH:**
PARENT NAME:
PHONE NUMBER:

If not attaching a copy of the front and back of the insurance card you MUST present the insurance card at the registration desk – no exceptions!

Please be aware that North Park Pediatrics will rely upon the insurance information you provide to bill your insurance company for the influenza vaccination received today. North Park Pediatrics will attempt to bill your insurance only once. If the claim is rejected due to incorrect information supplied above, you will be billed and you will be responsible for paying $25.00 to North Park Pediatrics for the cost of the vaccine and its administration. At that time, if you choose to pursue reimbursement on your own, North Park Pediatrics can supply you with documentation of the administration of the vaccine.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD:

My child is 6 months of age or older	☐ yes	☐ no
My child has a known allergy to eggs.	☐ yes	☐ no
If yes, is your child's reaction limited to hives only?	☐ yes	☐ no
If your child is required to carry an epinephrine autoinjector for egg allergy, do you have it with you today?	☐ yes	☐ no
My child has had an allergic reaction to the influenza vaccine in the past.	☐ yes	☐ no
My child has a history of Guillain-Barré Syndrome.	☐ yes	☐ no
My child has not had a fever in the last 24 hours. (greater than 100.4 orally or rectally)	☐ yes	☐ no
My child has not had any significant signs or symptoms of illness in the past 24 hours	☐ yes	☐ no
I have had the opportunity to read the Influenza Vaccine Information Sheet	☐ yes	☐ no
My child has had suspected/confirmed COVID-19 or been exposed to someone with COID-19 in the last 14 days	☐ yes	☐ no

I, ________________________________, the parent or legal guardian of the above named child, have completed this form. I give my permission for the above named child to receive the influenza vaccine today.

______________________________________ ____________________
Signature **Date**

For office use only: Manufacturer/Lot #

☐ Child to return for second dose