

North Park Pediatrics, LLC

Pediatric & Adolescent Medicine

North Park Centre

4C North Avenue, Suite 403

Bel Air, MD 21014

410.879.5170

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