

Town Center Pediatrics
3521 Town Center Blvd South, Ste A
Sugar Land, TX 77479

Name _____
DOB _____
Child's Chart #: _____

Emily Todd, MD Laurie Hogarth, MD Lora Gilreath, MD
Alicia Walls, MD Dawn Lord, MD Kathi Morgan, MD

Flu Vaccine Financial Agreement and Consent Form

Today's Date: _____ Flu Vaccine Lot #: _____ Exp Date: _____

Financial Agreement for Seasonal Flu Vaccine

By signing this agreement, you are agreeing that you will be pay **\$25.00** for the Flu injection

Consent to Immunize:

Are you feeling well today?	YES	NO
Have you had any serious systemic or anaphylactic reaction to Egg or a prior dose of the Flu vaccine or any of its components?	YES	NO
Have you ever had Guillen-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a Flu vaccine?.....	YES	NO
Are you pregnant?.....	YES	NO
Have you had any life-threatening reactions to a Flu vaccine in the past?....	YES	NO

1. I agree that the person named above will get the vaccine on the date of my initials.
2. I received a copy of the Vaccine Information Statement (VIS) for the vaccines given and can access them through the Parent Portal online.
3. I understand the risks and benefits of the vaccine
4. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given
5. I am an adult who can legally consent for the person named above to get the vaccine

Name: _____
(PRINT)

Signature _____
(SIGN)