

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

Pt. Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Chart Number: \_\_\_\_\_

Emily Todd, MD  
Alicia Walls, MD

Laurie Hogarth, MD  
Dawn Lord, MD

Lora Gilreath, MD  
Kathi Morgan, MD

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### Flu Vaccine Financial Agreement and Consent Form

Date: \_\_\_\_\_

0.5ml Flu IMM (Preservative Free)   
0.5ml Flu IMM (Preservative)

#### Financial Agreement for Seasonal Flu Vaccine

Please be advised that our office will file your medical insurance for the flu vaccine. By signing this agreement, you are agreeing that you will be billed **\$25.00** for the injection ***if your child's claim is denied for any reason.*** ***Payment must be received within 10 days of statement receipt.***

#### Consent to Immunize:

Is your child feeling well today?.....	YES	NO
Has your child had any serious systemic or anaphylactic reaction to Egg or a prior dose of the Flu vaccine or any of its components? .....	YES	NO
Has you child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?.....	YES	NO
Life threatening reactions to Flu vaccine in the past.....	YES	NO
Long term health problem with weakened immune system or other disorder .....	YES	NO

Please visit [www.tcpedi.com](http://www.tcpedi.com), under the Patient Information tab, for all of your child's Vaccine Information Sheets.

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

Parent Name: \_\_\_\_\_  
(PRINT)

Parent Signature \_\_\_\_\_  
(SIGN)