

**PLACE LABEL HERE**



Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Med. Rec. Site: \_\_\_\_\_

MR #: \_\_\_\_\_

CONSENT

**Influenza/Flu 2020 - 2021  
Unaccompanied Minor Screening and VIS Documentation**

If you are unable to come with your son or daughter to the influenza (flu) vaccination appointment, this form must be read, fill out, signed and dated and sent with your child to the appointment.

**If your child has any of the following, you must come with your child to the visit:**

- An allergy to eggs, gentamycin, gelatin, or arginine
  - Long-term aspirin therapy, chemotherapy, or radiation treatments
  - Long-term health concerns such as diabetes, heart problems, lung problems, etc.
  - Asthma or wheezing
- If your child has symptoms of a cold or infection, we recommend waiting for 48 hours after the symptoms are gone before giving the flu vaccine.
- You must review the VIS on the Reliant website at: [www.reliantmedicalgroup.org/pedi-flu-information](http://www.reliantmedicalgroup.org/pedi-flu-information) for Flu Vaccine, Inactivated or Recombinant August 2019 and sign and date the bottom of the form indicating you have read and understand the VIS. This form must be brought to the appointment with your child.

By signing below, I agree that I have read and understand the August 2019 VIS for the influenza vaccination and consent (approve) for my child to receive the vaccine.

Signature of Parent or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This signed form must be brought to the appointment with your child  
if you will not be with your child.**