



# The Kidz Docs

Pediatric & Adolescent Medicine

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## Flu Vaccine Informed Consent Form

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I am informing The Kidz Docs that I have been provided a copy of the Vaccine Information Sheet for the influenza (flu) vaccine and give the clinical staff at The Kidz Docs permission to administer this vaccine today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine cited and agree to have the vaccine administered to the person named above (for whom I am authorized to make this request).

Signature or Parent/Legal Guardian: \_\_\_\_\_