



Rush Copley Medical Group

Influenza Vaccine Consent and Release From

Student Name: _____

DOB: _____

Severe allergy to eggs or thimerosal?

Yes

No

Previous severe reaction to Influenza vaccine?

Yes

No

Paralyzed with Guillain – Barre within 6 weeks of a previous flu shot.

Yes

No

I have read or have had explained to me the information about influenza and the influenza vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits, risks and alternatives of the influenza vaccine and I consent to the vaccine being given to me or to my child.

I hereby release Rush Copley Medical Group and each and every one of its subsidiaries or affiliates, and all of their employees, agents and insurers from and against any and all claims for damages or injuries caused or in any way related to the administration for the influenza vaccine.

Parent Signature: _____ Date: _____ Time: _____

Moderate to severe illness today?

Yes

No

Vaccine Manufacturer:	Vaccine Label/Exp date/Lot#:	Route: Intramuscular
Date Given:	Injection Site : Deltoid Left Right	RN Signature: