



Flu Clinic Authorization Form

I give Mundelein Pediatrics permission to administer the influenza (flu) vaccine to my child.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Before your child receives the flu mist or flu injection, please check any of the following that apply:

\_\_\_\_\_ Is your child moderately or severely ill today?

\_\_\_\_\_ Has your child wheezed in the past 3 weeks?

\_\_\_\_\_ Has your child had a temperature of 100.5 degrees or above by mouth within the last 24 hours?

\_\_\_\_\_ Has your child had an anaphylactic allergy to eggs?

\_\_\_\_\_ Has your child received any other live virus vaccine in the past 28 days? This includes measles, mumps, rubella (MMR) vaccine, chicken pox (VAR), or another nasal spray flu vaccine.

\_\_\_\_\_ Does your child have a history of Guillain-Barre' Syndrome?

\_\_\_\_\_ None of the above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

For Office Use Only

Influenza Injection (circle one):    Right Deltoid    Left Deltoid    Right Thigh    Left Thigh    Influenza Mist

Administering RN/LPN/CMA: \_\_\_\_\_ Date: \_\_\_\_\_

Temperature: \_\_\_\_\_ VIS Given: \_\_\_\_\_