



# Flu Vaccination Consent Form

(Please fill out one information sheet per child)

Patient's Name: \_\_\_\_\_  
(Child's)

Patient's Date of Birth: \_\_\_\_\_  
(Child's)

Has this child ever been seen by one of our Providers before?

If not, please schedule a well child check with one of our providers within two weeks of receiving flu vaccine.

Yes No

Has the patient ever had the seasonal flu vaccine before?

If not and less than 9 years old, it is recommended to get 2 doses of the flu vaccine this year at least 4 weeks apart.

Yes No

Has the patient had a fever within the last 24 hours?

If yes, we recommend rescheduling the vaccine to a different date.

Yes No

Is the patient severely allergic to eggs?

Gelatin?

If yes, please call the office 919.460.0993 and speak with a Triage nurse to discuss your options.

Yes No

Yes No

Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?

Yes No

By my signature below, I acknowledge access to the 2025-2026 Influenza Vaccine fact sheet QR Code (presented to the right). I understand the benefits and the risks of the vaccine, and I am authorizing a qualified member of the Cornerstone Pediatric & Adolescent Medicine staff to administer the Influenza vaccine according to the guidelines set by the Centers for Disease Control and Prevention.



Parent / Legal Guardian / Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If 18 years of age or older)

Relationship to Patient: \_\_\_\_\_

(If patient is under the age of 18 the signature of a parent or legal guardian must be obtained)

## For Office Use Only

Private Insurance  
Private Vaccine Given

Medicaid  
State Vaccine Given

No Insurance  
\*\*Always use state funded vaccine for patients with Medicaid or no insurance\*\*

90656 – Fluarix = 6 months of age and older	90471 – Administration of 1 Injection
90656 – Fluzone=6 months of age and older	

Nurse Signature: \_\_\_\_\_ Manufacturer Lot #: \_\_\_\_\_ Exp: \_\_\_\_\_ Site: \_\_\_\_\_