



Dignity Health

Chandler Regional Medical Center
CRMC Community Wellness
Chandler CARE Center,
777 E Galveston St., Chandler, Az.

CHILD Consent for Influenza (Flu) Vaccine

Influenza Vaccine Information Sheet



Point your camera at the QR code,
tap the banner that appears on your device

PRINT NAME LEGIBLY

FIRST NAME: _____ **DATE OF BIRTH:** _____
LAST NAME: _____ **MIDDLE NAME:** _____
GENDER/SEX: _____ **AGE:** _____ **PHONE:** _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
LEGAL GUARDIAN NAME: _____
MOTHERS MAIDEN NAME: _____

MARK ONE:

- (0) _____ is enrolled in **Kids Care**?
(1) _____ is enrolled in **AHCCCS**? Which plan? _____
(2) _____ **does NOT** have health insurance
(3) _____ is American Indian or Alaskan Native
(4) _____ has private insurance that **does NOT** cover the Flu vaccine
(5) _____ has private insurance **that covers** the Flu vaccine

I have been given a copy and/or have read the CDC “**Vaccine Information Sheet**” for Influenza (flu) Vaccine dated 01/31/2025. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the Influenza Vaccine and request that it be given to me.

Signature of parent or guardian: _____

Effective April 14, 2003 the law requires that **Chandler Regional Medical Center** give to a patient a copy of its Notice of Privacy Practices for Health Information. This notice describes how medical information about you may be disclosed and how you can get access to this information. We will give you a copy at the time of first treatment and, if we change our notice, thereafter at the next treatment visit. By signing below, you acknowledge receipt of such as the patient, the patient’s personal representative, the patient’s authorized agent, or an individual involved in the patient’s medical care.

Signature of parent or guardian: _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING FOR YOUR CHILD:

- Does your child have a fever or acute infection at the present time? ☐ YES ☐ NO
- Does your child have any allergies? _____ ☐ YES ☐ NO
- Has your child ever had a serious reaction to a previous dose of the flu vaccine? ☐ YES ☐ NO
- Has your child ever had a history of Guillain-Barre Syndrome (a neurological disorder)? ☐ YES ☐ NO

ADMINISTRATIVE USE ONLY

DATE VIS & Vaccine-given	FUNDING	VACCINE	MANUFACTURER/ LOT #	ROUTE	SITE	REVIEWED AND ADMINISTERED BY
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