



UCFS Healthcare

Well-Being Redefined.

**United Community and Family Services
School-Based Health Center**

47 Town Street
Norwich, Connecticut 06360-2315

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SBHC@ucfs.org

Consent for Flu Immunization Administration

Patient Name: _____ DOB: _____

School: _____

By signing below, I authorize UCFS to administer this season's flu vaccine and have read, or had explained to me, the information sheet about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request the influenza vaccine be given to me (or my child).

Signature of parent or guardian _____

Yes ___ No ___ Would like to be present when the vaccine is given to my child.

Yes ___ No ___ Are you allergic to eggs?

Yes ___ No ___ Have you ever had a serious reaction to a flu shot?

Yes ___ No ___ Have you ever had Guillain-Barre Syndrome?

Injection site _____ Lot # _____ Expiration date _____

Date admin _____ Administered by: _____