



## Gvozden Pediatrics 2020-2021 Flu Season

Please print out ONE FLU SLIP PER PERSON. Each parent fills out one form --one form per child.

All areas **MUST BE COMPLETED** when you arrive at the office. You must present your insurance card at the time of arrival. **ALL INSURANCE CARDS WILL BE CHECKED.**

You must have an appointment scheduled to receive the flu vaccine. Call the office if you need an appointment or adding additional family members.

Parent's, If your insurance is different than your child's we can **NOT** submit to insurance and you will be required to pay out of pocket.

I have read the above information about influenza and influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to  me or  the person named below (under 18 years old) for whom I am authorizing to sign.

**Person to Receive Vaccine**

**For Office Use**

**GVOZDEN PEDIATRICS**

\_\_\_\_\_  
Name (Please Print) Person to receive Vaccine

\_\_\_\_\_  
Date of vaccine

\_\_\_\_\_                      \_\_\_\_\_  
Birthdate                                      Age

\_\_\_\_\_  
Site of Injection

X \_\_\_\_\_  
Signature (Person receiving vaccine or Parent or Guardian)

\_\_\_\_\_  
Initials