I have received and read the information about influenza disease, the vaccine and special precautions. I have had an opportunity to ask questions that have been answered to my satisfaction. The 2019-20 quadrivalent vaccine consists of A Brisbane (H1N1), A Kansas (H3N2), B Maryland and B Phuket.

INFLUENZA VACCINE CONSENT
I believe I understand the benefits and risks of the influenza vaccine and I request and consent that it be given to me or to the person named of whom I am the parent, guardian or authorized person. I release the Randolph and Rockaway Borough Health Departments from any responsibility for my own health care needs, or liability from health consequences that may occur from my participation in this program.

Signature: __________________________ Date: ________________

Parent or Guardian

Influenza Vaccine Lot #: __________________________ Manufacturer: Sanofi/GSK
Dose #1 0.25 ml __________ 0.50 ml __________ Dose #2 0.25 ml __________ 0.50 ml __________
Site of Injection: Left arm ______ Right arm ______ Left thigh ______ Right thigh ______

Administered by: __________________________ Kathy Maher, APN-C 09/19