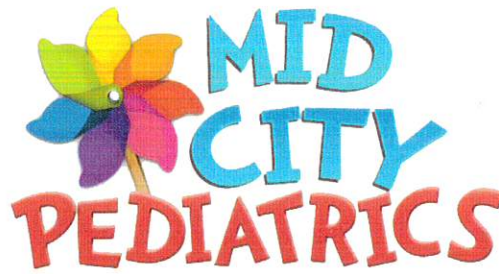


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**PARENT/GUARDIAN CONSENT FORM
FOR MINOR TO RECEIVE INFLUENZA VACCINE**

I, _____, being the parent or legal representative authorized to consent to medical treatment for the minor child listed below, hereby consent to and permit authorized medical providers of Mid City Pediatrics to administer the influenza vaccine to my child, _____, with or without my physical presence.

I understand that following delivery of the vaccine, my child will agree to pull into a parking spot immediately after he/she receives the injection. Mid City Pediatrics will observe my child for a 15-minute time period to monitor for an adverse reaction if the minor is unaccompanied. Should a reaction occur, I authorize any necessary emergency medical treatment and understand that Mid City Pediatrics will notify me as soon as possible. I further acknowledge that this consent may be verified either in person or verbally by telephone before the vaccine is administered if there are questions. Mid City Pediatrics assumes no liability for injuries sustained from a patient driving oneself after receiving the influenza vaccine.

I understand that my child will receive an influenza vaccine approved by the Food and Drug Administration.

I understand that I have access to the "Vaccine Information Statement" provided by the CDC. It is located on Mid City Pediatrics website www.midcitypeds.com.

I understand the benefits and risks of vaccination and I give permission for my child to be vaccinated.

Vaccine Being Administered: Influenza Vaccine

Name of minor receiving vaccine: _____

Name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Date: _____

Home phone number of parent or legal guardian: _____