

# KPA - Knoxville Pediatric Associates, P.C.

## VACCINE CONSENT FORM [Flu Vaccine]

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I have read and understand the vaccine information sheets for the vaccination listed below. I understand the purpose, risks, and benefits of the vaccine. I have had the opportunity to ask my healthcare provider questions about the vaccine. By signing below, I give my informed consent for my child to receive the vaccine listed. **Under penalty of misrepresentation, I attest that I am the parent/legal guardian of the above-named child. I attest that I have authority to provide informed consent for vaccination as required by Tennessee Public Chapter No. 477.** I understand I can revoke this at any time.

I give permission for: \_\_\_\_\_ to bring my child to KPA for the vaccine listed below.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Vaccine	Check if applicable	Parent/Legal Guardian Initial
Influenza Vaccine		