

PEDIOS, LTD.
260 Chicago Ave.
Oak Park, IL 60302

Patient's Name

Date of Birth

- I consent for my child to receive:
 - 0 Attenuated Intranasal Influenza Vaccination (Flu-Mist) – can **only** be given to patients between ages 2-49 years.
 - 0 Inactivated Injectable Influenza Vaccination (flu shot) – can **only** be given to patients 6 months of age or older.

- I was given the VIS (Vaccine Information Statement) from the U.S. Centers for Disease Control (CDC) for the flu vaccine my child is receiving, dated 7/2/2012.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date