



**IMPORTANT INFLUENZA VACCINE INFORMATION  
AND AUTHORIZATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We have read the Centers for Disease Control and Prevention's *2007-2008 Influenza Vaccine What you Need to Know* information sheet (see attached) and understand the issues associated with the vaccine as well as contracting influenza. I/We have also read the information from Pediatric Health Care Alliance, P.A., regarding the presence of thimerosal and understand that the Food and Drug Administration's review of thimerosal in vaccines found no evidence of harm caused by doses of vaccines, except for minor local reactions, such as swelling and redness at the injection site.

I/We acknowledge that I/we have received written information about the influenza vaccine and the disease, and have had ample opportunity to have my/our questions answered by our child's pediatrician. After reviewing the influenza vaccine information provided as specified above, I authorize for Pediatric Health Care Alliance, P.A., to administer the influenza vaccine to my child.

Signature of parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_