



SOUTHERN ORANGE COUNTY PEDIATRIC ASSOCIATES

"Great Care for Great Kids"

23321 El Toro Road, Suite F & G
Lake Forest, CA 92630
www.socpa.com

Influenza Waiver Form

I hereby give consent for my son/daughter _____ (child's name) to receive the influenza vaccination from Southern Orange County Pediatric Associates on _____ (today's date). At this time, my child has no documented allergy to latex or eggs. I also verify that my child has no significant health issues, nor has he/she had a fever within the last 24 hours.

I understand that Southern Orange County Pediatric Associates will bill the insurance carrier on file. However, in the event that my insurance carrier does not reimburse for this service, I agree to pay the charges incurred due to the administration of this treatment.

Parent or Legal Guardian's Signature

Date

FOR INTERNAL USE:
Patient Account Number:
