

(Attach Client Label)

**CLIENT INFLUENZA VACCINATION CONSENT**

*(where consent is required from Enduring Guardian/Person Responsible)*

People aged 65 years and over and those with certain medical conditions have been identified at having the highest risk of complications associated with seasonal flu. As such it is recommended that they have the influenza vaccination every year.

As the legally appointed guardian or person responsible for the above named person, you are required to give consent on their behalf to receive the influenza vaccine as they are unable to fully understand its benefits and risks and therefore give informed consent.

Should you have any concerns or need further information please discuss this with the qualified staff at the facility and/or the persons treating doctor.

**CONSENT**

I, ……………………………………………..………………………………………………..………… being the person responsible / legally appointed enduring guardian of …………………………………………………………………………..………………… understand that there is a possibility of the listed side effects.

* I give consent to Whiddon staff administering the seasonal influenza vaccination via injection on the written order of the doctor.

In the case of the doctor personally administering the seasonal influenza vaccination via injection:

* I give consent to Whiddon staff assisting the doctor and facilitating ………………………………...……………….. to be administered the seasonal influenza vaccine by injection.

………………………………………………………………… ……………………………...

*(Signature) (Date)*

Vaccine: ………………………………………………………….. Batch No: ………………………………………………………….. ***~Office Use Only~***

Immuniser’s Name: ……………………………………………………………………………………………………………………….

Signature: ……………………………………………………… Date: ……………………………………………….…………………

Issued: 04/2011 ho/IC/F0439