



# BOYD MEDICINE STORE PHARMACY



417 W. Rock Island Avenue  
Boyd, Texas 76023  
Ph: (940) 433-8056  
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## FLU SHOT CONSENT FORM FOR CHILDREN 7 – 18 YEARS OLD

I have read or have had explained to me the Influenza (Flu) Vaccine Information Statement: What you need to know 2019-2020. I have answered the screening questionnaire for the injectable Influenza Vaccine to the best of my ability. I understand the benefits and risks of the Influenza Vaccine. **I give consent to the Boyd Medicine Store and it's pharmacists** for my child named at the bottom of this form to be vaccinated with the vaccine. **If this consent form is not signed, dated and returned, then your child will not be vaccinated.**

Date:

Child's Name

Date of Birth

Parent Name

Parent's Signature

Prescription Insurance Information: (\$30.00 without insurance)

Bin#

PCN#

Rx Group#

ID#

\*If unsure of how to input insurance information, please call Boyd Medicine Store at 940-433-8056. If the pharmacist onsite is unable to bill the vaccination at the time of administration, your child will not be vaccinated without some sort of alternative payment. The cost of the vaccine is \$30.00 and we accept cash, check, or card. If you would like a receipt to file with your insurance, please come to Boyd Medicine Store.