



Olentangy Pediatrics, Inc.

Eileen M. Maher, M.D. S. Randall Brown, M.D. Irene P. Koesters, M.D. Autumn M. O'Brien, M.D. Emily T. Ferguson, M.D.
Mitchell R. Camp, M.D. Jacqueline Nicodemo, M.D. Rachel Pratt, M.D. Claire S. Ackerman, Ph.D. Heather K. Guthrie, Ph.D.

I, _____ AUTHORIZE THE 2022-2023 INFLUENZA VACCINE TO BE ADMINSTERED TO:

PATIENT NAME:

PATIENT DOB:

I have read or have had explained to me, information about influenza and the vaccine. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the influenza vaccine be given to the person(s) named above, for whom I am authorized to make this request. My signature signifies my consent to the vaccine given in the corresponding date.

Signature

Date

Administered by: _____