

Golden Gate Pediatrics

A Medical Corporation

Influenza Vaccine Pick-Up Waiver

Per the request of you and your child's Allergist, we are making available one dose of influenza vaccine for the parent or guardian of your child to pick up in our office and to take to the Allergist.

Influenza Vaccines need to be kept in a controlled temperature that is at 2° – 8° C (35° – 46° F). Once the vaccine leaves our office, Golden Gate Pediatrics is no longer responsible for the storage, handling or anything related to the administration of the vaccine. The vaccine should be taken immediately to the Allergists office upon pick-up.

Patient's Name: _____

Patient's DOB: _____

Date Vaccine picked up: _____

Vaccine Lot #: _____

Vaccine Expiration Date: _____

Vaccine Manufacturer: _____

Below this line to be completed by parent / guardian

By signing below, I acknowledge that Golden Gate Pediatrics is not responsible for anything relating to the handling, storage and administration of the influenza vaccine listed above once the vaccine has left Golden Gate Pediatrics facility.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____