

NORTHWEST FOCAL POINT SENIOR CENTER DISTRICT

FLU SHOT PROGRAM

This agreement entered into between the Northwest Focal Point Senior Center District,
and _____.
(Print Name)

I authorize the administration of a flu shot. I understand that the Northwest Focal Point Senior Center District is providing me with an opportunity to receive a flu shot which has been provided to the Northwest Focal Point Senior Center by WALGREENS/pharmacy, that same is for my convenience, and that I am taking this flu shot voluntarily at the Northwest Focal Point Senior Center. I understand that there are possible risks associated with the flu shot and that there exists the possibility that I will have an adverse reaction which may, depending upon my physical condition, have serious physical consequences.

I have had an opportunity to discuss my receipt of a flu shot with my physician.

In consideration of my receipt of a free flu shot, I agree to hold the Northwest Focal Point Senior Center District, its officers, employees and agents harmless from any and all claims, suits, judgments, causes of action, damages, costs, expenses and attorney's fees which I shall or may suffer as a result of receiving the flu shot. I further particularly understand that I release the Northwest Focal Point Senior Center District, its officers, employees and agents from all responsibility from any damage that I or my successors may sustain from the flu shot or its administration.

Signature of Witness

Signature

Date

Date

Signature of Witness

Flu Shot Recipient's Address

Date

Flu Shot Recipient's Phone No.

Flu Shot Recipient's Medicare No.
(optional)