

2009 H1N1 Flu Vaccine Consent Form – Injectable Flu Shot Only

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH / /	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			
SCHOOL NAME				GRADE/CLASS	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 flu vaccine, please tell us the number of doses and dates of vaccination.

- | | | | | |
|---------------------------------|-------------------------------------|-----------------------|-------------|------|
| <input type="checkbox"/> Dose 1 | Date received: month__day__year____ | Form (please circle): | nasal spray | shot |
| <input type="checkbox"/> Dose 2 | Date received: month__day__year____ | Form (please circle): | nasal spray | shot |

The following questions will help us know if your child can get the 2009 H1N1 flu vaccine. Please mark YES or NO for each question.

If you answer "YES" to one or more of the four questions, your child will not be able to receive the 2009 H1N1 flu vaccine in school unless there is a note from your child's health care provider approving the vaccination. If you answer "NO" to the following questions your child will receive the vaccine unless a concern arises following additional screening. If you are not sure of the answers to these questions, please check with your child's healthcare provider.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have a serious allergy to gentamicin, neomycin, polymixin or gelatin?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

List other serious allergies: _____

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the H1N1 flu vaccine and understand the risks and benefits.

I GIVE CONSENT for my child named at the top of this form to get vaccinated with this vaccine. Children younger than 10 years of age need 2 doses of vaccine. (If this consent is not signed, dated and returned, then your child will not be vaccinated.)

Signature of Parent/Legal Guardian

Date: month ____ day ____ year ____

I DO NOT GIVE CONSENT for my child named at the top of this form to get vaccinated with this vaccine.

Signature of Parent/Legal Guardian

Date: month ____ day ____ year ____

FOR CLINIC USE ONLY:

Lot # _____ Left Arm _____ Right Arm _____

Expiration Date _____ Left Leg _____ Right Leg _____

Nurse's Signature _____

Proof of Residency Shown _____