

2009-10 Seasonal / H1N1 Influenza Vaccine Consent Form

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S NAME:

\_\_\_\_\_  
Last First M.I

DATE OF BIRTH: \_\_\_\_\_ Age : \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

PHONE # (Home): \_\_\_\_\_ PHONE # (Where parent can be reached on the day of the clinic): \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

The following questions will help us to know if your child can get the influenza vaccine. Please circle YES or NO for each question.

❖ Does your child have a serious allergy to eggs? Yes / No

❖ Does your child have any other serious allergies? Yes / No

If yes, please list them: \_\_\_\_\_

❖ Has your child ever had a serious reaction to a previous dose of flu vaccine? Yes / No

❖ Does your child have an allergy to thimerosal? Yes / No

❖ Has your child ever had Guillain-Barre Syndrome within 6 weeks after receiving a flu vaccine? Yes / No

❖ Could this child be pregnant? (grade 6 and up) Yes / No

*If your child shows signs or symptoms of illness the day of the clinic, they will not be immunized.*

CONSENT FOR CHILD'S VACCINATION:

I have been provided with the 2009 – 2010 Inactivated Influenza Vaccine Information Statement for Seasonal Influenza and the 2009 – 2010 H1N1 Vaccine Information Statement. I have read this information and understand the risks and benefits of the Seasonal Inactivated Influenza Vaccination and the H1N1 Vaccination. If I have any questions I will contact the school nurse.

I give permission for my child to receive the seasonal influenza vaccine only

I give permission for my child to receive the H1N1 vaccine only

OR

I give permission for my child to receive the seasonal influenza vaccine and the H1N1 vaccine

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date



FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/>				
2009 Seasonal	/ /	<input type="checkbox"/> IM <input type="checkbox"/>				